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Journal of Nursing Jocularity®

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EDITOR'S NOTE

ur readers report, too frequently, that humor is being discouraged in their workplaces. The rationale: it is inappropriate.

"Inappropriate." Kind of a nonjudgmental way to express a judgment. What do we mean when we say humor is "inappropriate?"

Many people use the term inappropriate humor when they mean politically incorrect humor. Political correctness arose from honorable intents. It was meant to increase awareness of offensive behaviors and speech. To shame people into putting themselves in another person's shoes. But political correctness has gotten out of control, as evidenced by the quantity of spoofs it has generated. Political correctness backfired, creating a façade of euphemisms instead of changes in attitude.

Here at JNJ, when we say "appropriate humor" we go beyond issues of political correctness. Here, appropriate humor means therapeutic nursing interventions, and skills that facilitate communication. Humor has many uses, several of which are therapeutic and healing.

Appropriate Humor

- decreases stress
- · decreases anxiety
- is constructive
- puts a problem into perspective
- brings people closer together
- laughs with people
- is timed appropriately

Inappropriate Humor

- increases stress
- increases anxiety
- is destructive
- creates problems
- distances people from one another
- · laughs at people
- is delivered at the wrong time

You've probably noticed that these are outcomes, not processes. That's the catch about appropriate humor. It's a learned interpersonal skill. It takes attention to the situation and people involved, awareness of the response elicited, and practice. But the results are well worth your efforts.

As you practice, inappropriate humor will occasionally happen. If you are told you have used humor inappropriately, or if the response to your humor tells you it was perceived as inappropriate:

Immediately apologize, briefly and sincerely. Identify for yourself why the humor was inappropriate. Maintain awareness in the future. Strive to keep your

when using humor in the future. Strive to keep your humor therapeutic.

And if you're told your humor is inappropriate when it's not, ask how, specifically, your humor was not therapeutic. If, instead, it is proclaimed that humor is not professional, refer to the research which demonstrates that therapeutic humor is a widely used, effective intervention within nursing's scope of practice.

And don't lose your sense of humor in the process.

Fran London, MS, RN

Editor

$\underbrace{St\varepsilon thoseop}_{\text{Listening to our Readers}} t\varepsilon cop :$

Congratulations on the most hilarious thing I've come to know about nursing (except for the time when a three-hundred pound patient decided I was the commode and voided in my lap). And yes, truth is funnier than care plans. (Maybe anything is funnier than a care plan!)

Terrilynn Quillen, RN Indianapolis, IN

I recently ordered a subscription to JNJ for my wife, an RN of many years standing. After hearing her "war stories," I find your magazine amusing myself.

Reading David Fox's "Seven Theses" (Spring '95) reminded me of my own recent hospital stay. On leaving, I declared that if I ever got homesick for the place, I would get a parrot and teach it to say: "Little stick. Awwwkk! Little stick. Gonna feel a little stick. Awwwkk! Little stick. Tom M. Padwa Baltimore, MD

Editor's note: And with David Letterman's penchant for medical humor, I'm sure you could get a gig on Stupid Pet Tricks.

I've had much fun with the "Seven Theses for Reform."
May I please, please have permission to share it with the board members of the Americans for intelligent HealthCare Reform and maybe some legislators, too? The points expressed in the seven theses re so very apropos for the members; plus, it proves nurses have a great sense of humor!

A co-worker in managed care almost lost it when she was given this story to show severity of illness requiring hospital admission: patient had a history of manic depression. She gave up lithium for lent. Just before Easter Sunday, her priest was instrumental in chasing her down the street to get her to the hospital.

Thank you for the magazine. It's a lot a laughter every season.

Gail Koveski, RN Burr Ridge, IL

Quite a while ago, I wrote suggesting that nurses might wish to write to other nurses as "pen pals." You probably did not receive my letter. It may be somewhere in a dead letter office. I hope it experienced a death "with dignity." I have always enjoyed JNJ. Most of my time has been spent as a

psychiatric nurse. I am now working on an adolescent psychiatric unit and need all the stress management for myself that I can get. I also cannot get through to some adolescents unless I give them a little humor. I still believe there are some "real" nurses, (ha, ha) and "student" nurses who would benefit from communicating with other nurses (student or otherwise) and you should consider starting a column. Despite JNJ, we still need some TLC and communication with others experiencing similar job stresses.

> Carolyn Libby, RN Lewiston, Maine

Editor's note: Readers, would you, also like to see a page in JNJ used to facilitate humor pen pals? How should it work? We at JNJ have been looking into an on-line forum on CompuServe. Since we need to hone our computer skills to stay in step with the '90's, we might as well get some therapeutic humor out of it, too. What do you think?

I am a respiratory therapist (please don't hold that against me). I am also a semi-professional magician.

I am highly intrigued by your publication, JNJ, since my own approach to patient care parallels your published views.

I try to use magic effects, when appropriate, to bridge understanding between patients, family members, other staff and myself. As I attempt to weave humor into the fabric of my presentations, many times I elicit an increased compliance with established therapeutic goals (they laugh 'til they cough).

This letter has no other purpose than to make contact with you and let you know that I am a kindred soul. As I often state to my "audiences," if you're a patient in the hospital, you don't want to be here. If you're visiting someone in the hospital, you don't want to be here. And if you work in the hospital, you don't want to be here. So, whatever joy we can share is a positive experience for all.

Greg Stringer "The Amazing Gregory" Knoxville, TN

Editor's note: And, according to his business card, he makes balloon animals, too!

I am writing in disappointment and horror at what I have found within the Journal of Nursing Jocularity Spring 1995 issue. You included an article, "Maimography: The Pancake Pose." I mostly find your articles amusing. However, I was both insulted and shocked at the blatant dismissal of human feeling on the part of the author.

... As a nurse on a surgical oncology unit, I would like to invite the author to come and see the women I see after their mastectomies or lumpectomies. I would like her to see the devastation, fear and grief over the loss of a breast.

This is NOT a subject to make light of!!!! I caution your journal to stay within the bounds of tact and decorum, rather than exploit a procedure, which saves many women's lives, that may be uncomfortable for a few minutes.

Laura L. Stover, RN Pittsburgh, PA

Your magazine with the Maimography article, came to me right after my fourth mammography in the last six months. Thank you for providing humor to a very serious situation at just the right time. My husband was very happy to see me laugh about this after so much concern. Although my needle biopsy came back negative, I will have to have three more mammographies in the next eighteen months. I will keep this article with me in case I start to lose my perspective.

I would like to add, the newest technique for micro-calcifications is the stereotactic needle biopsy. It is done on the same mammography machine using a grid and a needle gun loaded with 14 gauge needles. (I got 8 of them). It is painful, degrading, and makes the mammography seem like

nothing. Forget
modesty. I had
two physicians, a
registered nurse, a
radiology technician and
a student in the room
while my breast was
clamped down for two hours.

Toni King, RN Yuma, AZ

Editor's note: Two divergent points of view. Where is that Atlas of the Bounds of Tact and Decorum?

At both hospitals where I have worked in the years that you've been in publication, pages frequently make their way to bulletin boards where nurses can smile while reading them, even in an otherwise tough day. I know at least two nurses who have subscribed after reading my copies! But you know about what they say about those crazy Californians and their strange senses of humor!

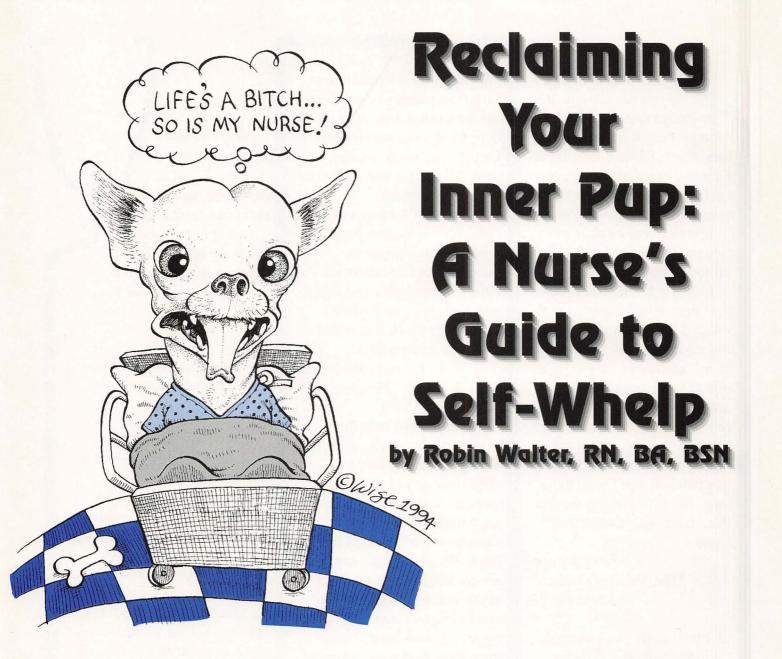
Keep up the good work!

Susan Mocsny Baker,RNC

Huntington Beach, CA

via CompuServe

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It was an exhausting shift of policing, guiding, rescuing and putting up with all kinds of bull and bullying. The head nurse sought me out for every mess on the unit, only to rub my nose in it. The docs made rounds in packs. Two who were foaming at the mouth attacked me about dressing changes they hadn't ordered. Despite all this, I volunteered to stay an extra four hours to help the next shift.

After twelve hours, I dragged myself to the employee parking lot, tail tucked between my legs.

Circling the car twice, I got in and began to whimper, "Is this all there is? I work like a dog at this job! Why do I put up with this?" It had been a chokechain kind of day. I decided to treat myself with a trip to the local bookstore.

Although never a fan of the selfhelp section, I found myself pouring over the pup-psychology titles: You're OK, I'm AKC; Pawing Your Way to the Top; Masters Who Don't and the Dogs Who Beg Them; What Color is Your

Coat?; Why Do Bad

Things Happen to Good Dogs?; and How to Get Ahead of Yourself By Chasing Your Tail.

Authors like Melodie Beagle, John Bassethound and Anne Wilson-Schnauzer—experts in caring and licking too much—made it clear (and got paid for their opinions) that nurses are, indeed, sick puppies. The tell-tail signs purported in these best-cellars included:

- Do you respond well to commands?
- Were you ever teacher's pet?
- Are you from a dysfunctional pack?
- When the doctor yells "Clear!" do you hide under the patient's bed?
- Does the sight of an enraged surgeon rushing toward you make you crouch or and pee?
- Do you think no one will like you unless you sit pretty, come when called and do tricks?
- Do you have difficulty establishing and maintaining close relationships with cats?
- When racing to a code, does your tongue hang out of your mouth?

Reading these albeit vague and all-inclusive criteria, I found myself nodding in assent. It was embarrassing. Not the nodding, but the tail wagging and drooling. Yes, there were bones still buried in the backyards of my past. Yes, I was muzzled at an early age by poisonous parents, toxic teachers and sadistic siblings. Yes, I wanted to meet my needs.

> The question was, "At what gate were they arriving?"

> I found them, all of them, at Gate 1 of a Twelve Gate program. At the first meeting, I acknowledged that I was powerless before my higher power, a taller power: the kitchen gate of my youth. It separated me from my family and left me feeling abandoned and housebroken. It was vital to my recovery that I stop passively licking my wounds and relive every past trauma with my new-found litter mates. With each howling confession, there came a liberating sense of calm, paw and order.

I didn't become a nurse because I wanted to. It was my inner pup seeking a new dysfunctional pack! I don't work like a dog because acuity levels are through the ceiling. It's compensating for my intrapsychic failings! I thought the problems in nursing were due to monopolistic Medical Practice Acts, administrative greed and the socioeconomic pressures facing women. Now I realize that was just stinkin' thinkin'. An entrenched system of

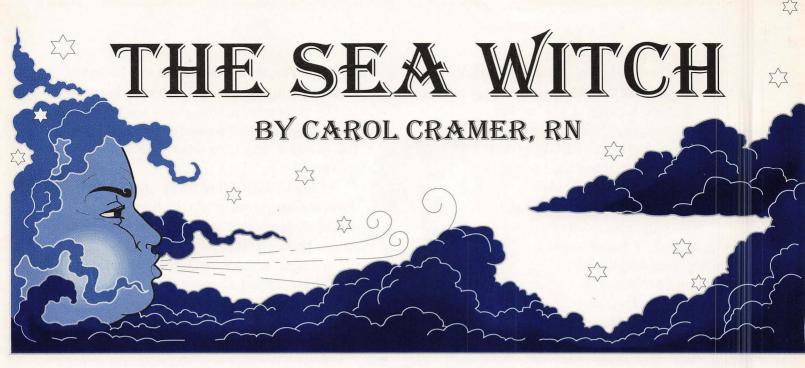
PATHOLOGY

denial. The Twelve Gate Program gave me freedom; I understand I'm an Adult Pup of a Real Bitch. I am now enjoying life . . . One Fire Hydrant at a Time.

Does all this sound confusing? That's okay, read between the whines. What's important is that you have lots of disposable income for books, seminars and therapy. Reclaiming your inner pup is a lifelong heeling

process. Old obsessions and compulsions will try to creep back into your life. Don't be a corn-dog. Realize that Shihtzu happens, and take yourself firmly by the collar and "go home." Once you've completely bought into the inner pup theory, it'll be time to introduce you to your inner child!





A full moon loomed in the night sky as I drove to work. I decided to ignore it, thinking superstitiously that if I acknowledged its presence something weird would happen. I then concluded it didn't matter because I had already seen everything. Nothing could surprise me anymore.

On that crisp fall evening, an ambulance delivered a patient to our emergency room. This 44 year-old woman had been on the phone arguing with her adult daughter, Doreen, when she had an asthma attack. The asthma rapidly progressed to respiratory arrest. Doreen, realizing her mother was in trouble, hung up and dialed 911. They dispatched a rescue unit to Jane's home.

When Jane arrived in our hospital, her condition had deteriorated to a full arrest. She had no respirations or cardiac activity. The paramedics had tried several times to intubate her. However, due to her extreme obesity, they were unsuccessful. She was ventilated with a bag and mask.

Jane was now in asystole and had been without an adequate airway for forty-five minutes. She had recently eaten a pineapple pizza and had vomited and aspirated during resuscitation. Twenty-five minutes after she arrived, the code was called and Jane was pronounced dead.

I stayed in the room to prepare her to be viewed by her family. She weighed at least 400 pounds. She had no neck, just large folds of flesh. Her skin was very dark, almost a navy shade of blue. I cleaned chunks of pineapple pizza out of her long black and gray streaked hair. As I combed out the vomit, her hair surrounded her head like a fan. I washed her face, closed her eyes and covered her body with two blankets.

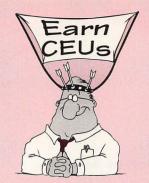
I stepped back to view the patient. I had done the best I could. Nothing else would improve her appearance. There she lay, 400 pounds of woman with blue skin and dark matted hair spread out on the backboard.

I dimmed the lights and brought Doreen in the room. I put my arm around her shoulder as I led her towards the bed. Using everything I learned in psychiatric nursing, I told her that it was never too late to tell someone that you love them. I gave her time to express her feelings for her mother. We stood together at the head of the bed looking down at this mountain of woman. I waited, prepared for tears or anger.

Doreen silently observed her mom. As the minutes passed, I became increasingly uncomfortable. Where was our crisis worker?

Suddenly, Doreen looked me in the eye, then looked at her mom and then back to me. She hit me in the arm and said in a loud voice, "She looks just like that Sea Witch from Little Mermaid, don't she?" Indeed she did.

I went outside to look at the moon. I was wrong on two counts. It wasn't just a full moon, it was a blue moon. And people still surprise me.



Mental Health Nursing

by Andrea Sangrik, RN, BSNA

The number of states with mandatory continuing education laws for nurses is increasing. Now we have some real ammunition to hold over your head to make you pay for our tests!

This test offering is worth one contact hour for LPNs, three contact hours for RNs, four contact hours for MDs and five contact hours for UFOs. We will grant twenty-four contact hours to any nurse who buys a lifetime subscription to JNJ. The cost? Our standard test grading fee of \$10.00, plus the keys to your new car, the deed to your house and the college fund for your children. Failure to comply with these requests will result in your state nursing board having never heard of you. (CEU Nursing Enterprises has, on staff, a computer technician who is capable of "accidentally" erasing names from any data bank in the country. Need we say more?)

You must send us your completed answer sheets in one of five foreign languages, excluding English and Latin. You see, CEU Nursing Enterprises has gone global. Now we can harass nurses all over the world! This will give you access to your test score before the swallows return to Capistrano next year. (Yes, we have an office branch out there, too. This CEU law has done wonders for our profits.)

Objectives:

Upon successful completion of this test, you will be able to:

- 1. Distinguish between the patients and the staff on a Mental Health Unit.
- 2. Demonstrate the proper way to subdue an agitated patient without personally requiring extensive reconstructive surgery.
- 3. Demonstrate therapeutic communication skills that can put a patient to sleep in seventeen seconds or less.
- 4. Identify three reasons for and sixteen reasons against becoming a Mental Health nurse.

You must complete the fifteen questions in twenty-three minutes. Use the little pencil you kept from your last miniature golf game. Use the answer sheet that will be published in *JNJ* three issues from now. Our corporate offices are in each of the fifty states, conveniently located next door to each respective nursing board. Call 1-900-BUY-A-CEU for the address of the location nearest you. Now that you understand these instructions and threats, you may begin the test. Good luck!

1. "Word salad" is:

- A. The hospital cafeteria's Wednesday Special of the Day.
- B. Brain food to help curb illiteracy.
- C. A senseless jumble of words noted in a psychotic patient's conversation.
- D. A vegetarian alternative to alphabet soup.

2. An appropriate example of nonverbal communication by a nurse would be:

- A. When the nurse pours a glass of water into the lap of a rude doctor.
- B. When the nurse locks a patient in his room to encourage him to sleep.
- C. When the nurse sets off the strategically-placed land mines in the hallway to let family members know that visiting hours are over.
- D. When the nurse gently pats a tearful patient's shoulder while speaking with him.

3. Which of the following is not an example of the delusional behavior exhibited by manic patients:

- A. Claiming to be the love child of Uncle Remus and Mother Goose.
- B. Verbalizing feelings of hopelessness, depression and suicidal thoughts.
- C. Signing "Albert Einstein, Genius" on the admission form.
- D. Overflowing the bathtub because, "I'm Jesus Christ and can walk on water!"

4. Antipsychotics are:

- A. Medications used to control delusions and hallucinations.
- B. A counter-revolutionary group out to undermine the efforts of the Propsychotics.
- C. What the dietary department serves when they are out of croutons.
- D. The latest alternative rock band from Seattle.

5. ECT stands for:

- A. Elephant-Carrying Techniques.
- B. Electroconvulsive Therapy.
- C. Elementary Candle Tapering.
- D. Egyptian Culture Training.

6. When a patient tells you, "I feel like hurting myself," the correct nursing response would be:

- A. "Oh, really? Have you read Final Exit yet?"
- B. "Would you like to talk to me about it?"
- C. "Would you talk to that nurse over there about it? I have to punch out in three minutes."
- D. "Do you have a legal will and Advance Directives?"

7. Pamelor is:

- A. A medication used to treat depression.
- B. The first name of the new house doctor.
- C. A dietary supplement for anemic camels.
- D. A suburb near the Lost City of Atlantis.

8. When a local TV announcer is admitted to your unit, the most important thing to do is to:

- A. Have him autograph a soft restraint for your mother.
- B. Find out what toothpaste he uses to keep his teeth so white.
- C. Set up the seclusion room so he can do live broadcasts of the news during his hospital stay.
- D. Maintain strict patient confidentiality at all times.

9. Flight of ideas can be identified as:

- A. The name of the hospital CEO's summer home.
- B. A new budget airline.
- C. When a patient's speech jumps from topic to topic.
- D. The official time period between nursing school graduation and state boards.

10. An obsessive-compulsive patient's behavior may include:

- A. Washing her hands constantly.
- B. Dancing naked on the hospital's heliport.
- C. Jumping out of the cake at the hospital's next Christmas party.
- D. Taking a world cruise on a raft with two cans of Spam®.

11. When a schizophrenic patient tells you that he can smell Chinese egg rolls inside the piano bench, this is an example of:

- A. A Vitamin E deficiency.
- B. M.S.G. intoxication
- C. An olfactory hallucination.
- D. A revolt against classical Chinese musicians.

12. The purpose of a locked mental health unit is to:

- A. Maintain the safety of the patients.
- B. Maintain the sanity of the staff.
- C. Quarantine the staff from the rest of the hospital employees.
- D. Recruit new patients by refusing to let any visitors leave.

13. Clozaril is:

- A. The latest new dance step in country music.
- B. A brand of wine-coolers.
- C. A newer drug to control a patient's psychotic symptoms.
- D. A small island off the coast of Cuba.

14. An interdisciplinary mental health team meeting is:

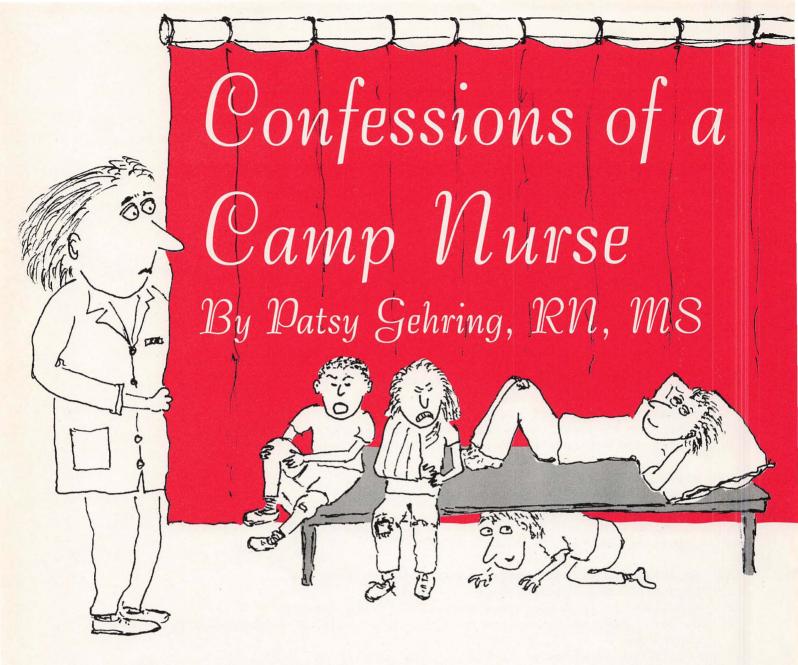
- A. The staff's weekly poker game.
- B. Held biweekly to discuss the progress of each patient.
- C. The going-away party for the patient who is finally discharged after a sevenmonth stav.
- D. When the staff tries to figure out who each doctor is dating.

15. An anxiety disorder is:

- A. An order written by a new psychiatrist.
- B. An innovative way to classify the art of worrying.
- C. The new buzzword for the next Presidential election.
- D. A mental illness often characterized by phobias, obsessions and fears.

This is the end of the test. Memorize your responses, so that you can write them on the answer sheet when we get around to publishing it.

We also will add 10 extra CEUs to your score if you can unscramble the letters of all your answers to solve the mystery word. Here's a clue: the word means "moneyhungry" in an Antarctican dialect.



I am the nurse of Camp Mooselake, home of eighty boys aged seven to sixteen. Each summer camp needs a nurse on staff to protect the health and well-being of the children. I have heard the "call of the wild," literally, and have responded.

This is my fourth year of responding to the call, which means one of the following is true:

- 1. I am a glutton for punishment;
- 2. I am in need of psychiatric help;
- 3. When you're a full-time nursing instructor, anything else looks good in the summer;
- 4. The pay is incredible.

Number 1 is true, number 2 is often bandied about by my nurse educator colleagues, number 3 is questionable and number 4 is false.

There are two essential items you need to be successful at a boys' camp. The first is ice. Boys want ice before a sport, after a sport and in case they get injured while playing a sport. It's seen as a Badge of Courage.

The second item needed is ginger ale or some other carbonated beverage to moisten the mucous

membranes of the ill and infirm. No soda machine exists in this camp. Consequently, the prevalence and severity of malingering is impressive. The degree to which campers will go to acquire the revered beverage is amazing, even to me. In recognition, I have, on occasion, given a Ginger Ale Award to the most dehydrated camper.

Let me tell you some of the camp tales I have acquired so far . . .

One of the best tales comes from a camper who, one morning, asked me to put swimmer's drops in his ear because it "felt funny." After lunch it still "felt funny." So I looked in his ear with an otoscope and found a moth, still alive, waving at me. The camper then remembered that "something had been buzzing around his ear last night." When the other campers heard what was in his ear, they thought it was "cool" and wanted to look. The moth refused to budge despite bayonet forceps, flushes and my threats. An ENT doc retrieved it and placed it under glass. At camp's end, it was granted as the Entomology Award.

Tale Number Two comes from a camper from New York City who went to the hospital for an injured nose. When asked what his social security number was, this eleven-year-old was unsure, but he was able to recite his credit card number by heart.

Tale Number Three relates to epinephrine pens. Each adult in camp carries one, in case someone allergic to insects develops anaphylaxis when stung. One camper in a group of eleven-year-olds got stung. The group yelled, "Hey, you're allergic to bees!" and the camper ran to the office to get help. The camp administrator gave him a dose of epinephrine and

called me. The camper wasn't allergic to insects. When asked why he thought he was allergic, he said, "They said I was!" Another case of mob mentality gone awry. When I notified the doctor of our epipen trial, he said, "Well, his heart will beat fast for a while."

This brings us to Tale Number Four, the case of

the pig with a URI. Apparently, I did not read the fine print of my contract. I was expected to assist in giving a pig a penicillin injection. It all began when I checked on the camp pigs in the morning. I noticed the pig that usually knocked the other pig out of the trough to get to the food was in the corner, non-verbal and not looking at the food (pig depression?). I debated whether to

call 911, but instead called the pig's owner. She felt perhaps the pig had overeaten (pig bulimia?), but when we heard him cough (I did not listen to his lungs) the diagnosis was made. It probably sounds simple to give a pig a penicillin injection. But to do this, you must lasso his leg, hold onto both back feet, turn him upside down and listen to the squealing. I'm glad he didn't need IV penicillin.

I have nursed gashes needing stitches, hooks everywhere but in the fish, injured joints, scrapes, broken braces, strep throats, broken bones, eye infections, and a partridge in a pear tree. The campers wheeze, sneeze, cough, vomit and emit all kinds of body fluids. Some are voluntary and some are involuntary. I practice universal precautions in my sleep. I've seen "I'm homesick" masquerading as a range of acute illnesses. There have been long nights with the infirmary full of boys.

But I like this job. I like it for the same reasons I enjoy emergency department nursing. It can be urgent, but not continuously tense and I get a lot of comic relief. The campers are fun and funny.

Next summer will be my fifth. Until then I remain . . . Patsy Gehring, RN, MS, Camp Nurse.



You Know the Hospital Bureaucracy Has Gotten Too Big When...

by Harold Stearley, RN, BSN, CCRN

Your hospital is eight stories high, but only has fifty patient rooms.

There are two administrators for each patient, but ten patients for each staff nurse.

The institution's Staff Benefits Committee forms a Task Force on Nursing Services, which forms a Sub-Committee on Vacation Requests and grants final approval for your vacation one month after your vacation would have occurred. Six months later they post a memo stating that all vacation requests must be submitted one year in advance.

After six months of meetings, the Nursing Unit Secretary's Sub-Task Force on Loose Papers concludes that loose papers must be sorted and filed.



The Hospital Tower

ELEVATOR 3

- **B** ADMINISTRATION
- **7 CONFERENCE ROOMS**
- 6 PERSONNEL
- **5 INSURANCES**
- 4 BUSINESS OFFICES
- **3 DISCHARGES**
- **2** ADMISSIONS
- 1 LOBBY& GIFT SHOPS
- **B** PATIENT ROOMS

Mara_

The Committee on Committees forms a Task Force to examine its own productivity.

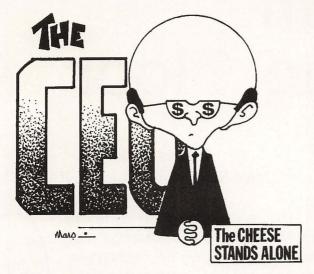
When finally completed, time studies commissioned by management meetings are discarded, because they are out-dated.

The ATANA (All Talk And No Action) Award is presented to each manager with membership in five or more committees.

The bill for toilet paper in the executive bathroom exceeds the hospital's bill for gauze.

Mirrors are placed strategically around the hospital and labeled, "Image Check Point."

You recognize the one million dollar office furnishings being unloaded into the CEO's office as those broadcast in the previous night's special report covering the arrest of a major South American Drug Lord.



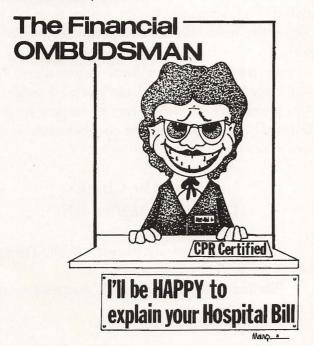
The human resources department offers a course in "Management Speak."

The cost of the annual Manager's Picnic exceeds the combined wages of the nursing staff.

Managers have so many initials after their names that a code book must be issued.

Mass hysteria breaks out and security is called when a staff nurse says, "I have an idea."

When a code blue is called, six managers fight over filling out the code sheet while one staff nurse performs CPR, administers medications and defibrillates the patient.



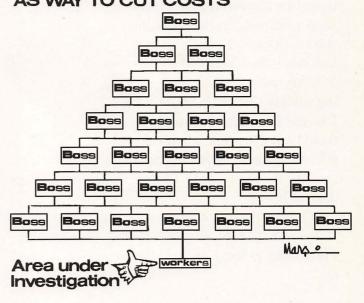
The hospital continues to expand and be remodeled as the nursing staff is introduced to the new Staff Attrition Program.

Every manager has an assigned spot in the employee parking lot; staff parking is restricted to the back two rows.

The hospital is virtually empty during the holidays.

Transporting a patient through the hallways is hazardous, due to the obstacle course of suits and high heels.

HOSPITAL TASK FORCE INVESTIGATING STAFF REDUCTIONS AS WAY TO CUT COSTS



Call forwarding on your manager's phone rings directly to the cafeteria.

The patient admission form includes a space for the client's Personal Billing Executive.

During a tour of hospital executives, an administrator points at a group of patients and asks, "Who are they?"

You say "Hello" to a friend in the hallway and hear six managers yell, "You're fired!"

4 0-JNJ------

Stories From The Floor

Freudian Slip

Margaret Weisenberger, RN

Henry, my patient, was stricken with a troublesome malady. To alleviate the symptoms he needed frequent, large doses of Kaopectate. His daughter and son-in-law were at his side in his time of need. They hovered protectively, hounding me with questions about Henry's diet. They ques-

tions about Henry's diet. They questioned the possibility of dehydration, suggested fluids, and wondered how soon I thought Henry's problem would be controlled.

My patience was waning when they asked how late I would be working. I told them I was due to leave in about fifteen minutes. Their expressions said it all. How could I leave Henry in this, his darkest hour?

I wanted to reassure them, so I innocently said, "Don't worry. I always stay late when it's necessary. I don't like to leave until all the loose ends are tied up."

Do What the Patient Wants

Ellen Rustad, RN

I floated to the spine unit, where they seldom encounter patient deaths. This evening a medical overflow patient died. The evening nurses did their best to prepare the body. When the charge nurse came in to help, she asked if they had bathed the body. The one nurse looked at her and said, "No."

The charge nurse began to tell them that it needed to be done, but the other nurse piped up with, "But before he died, he refused his hs care."

I Knew That

Dawn Satterwhite-Morrow, RN

LERE LING

MY DEAR

DEAD

R.I.P.

One morning in our ER my first patient was an eighty-year-old female ready for discharge. I gave her discharge instructions and then, with another nurse, helped her get dressed. The patient stated "My husband was buried last week."

I thought she said he was worried last week. So I asked, "Why?"

She said, "Because he was dead."

This Old Colon

Tammy Lowe, CST

Two of our most highly regarded surgeons had been working together for hours on an extremely difficult sigmoid resection. Dr. M was watching intently from above while Dr. B prepared to fire the End to End Anastomosis clip applier from below. The entire room was silent, praying all would go well.

Dr. B took a deep breath and grasped the stapler. In a voice full of the confidence gained through the vast experience of many years of surgery he proclaimed, "All right, here we go—hmmmm—lefty loosie and righty tighty."

I'll Get The Check

Dorothy F. Stauffer, RN

One day I asked my patient, "Well, Thelma, how's the world treating you?"

Thelma answered soberly, "It's not treating me, I'm paying my way!"

The Final Frontier?

Sheri A. Snow, RN, BSN

My husband, a sales representative for an endoscopy company, has had the joy of observing many a patient on Versed in the GI lab. One man kept calling the gastroenterologist "Captain Kirk."

After the procedure, the rushed doctor finally asked the patient why he was being called the Star Trek name.

"Well," explained the patient, "Captain Kirk, you have just gone where no man has ever gone before!"



I Can Try, Can't I? Beverly Standley, RN

I was bathing an old man on the psychiatric unit, who kept his arms crossed tightly and wouldn't respond to any of my attempts at conversation. His suprapubic catheter was leaking and the skin on his edematous scrotum was excoriated.

After much consideration, I put on rubber gloves, dug deep into the jar of Vaseline and began to apply it to the area. I was almost finished when he looked up at me and said, "It ain't gonna do you any good, girlie!"

I've Seen Doctors Like That On TV Joyce Tambala Ononiwu, RN

I was at triage one night, assessing a forty-five year old woman who was lying on a gurney. In a nearby psychiatric holding room was a man in restraints who did not want to be there.

The charge nurse came into my patient's room as I was taking vital signs. Suddenly, the restrained patient screamed out some choice expletives about the nurse.

My patient looked up at me and said, "I hope that's not the doctor who'll be taking care of me."

Give it a Shot Marie Moseng, RN

I couldn't help overhear a colleague explain to her nearly deaf patient that she needed a sputum specimen. Satisfied that he understood her, she went back to his chart.

There, she learned that he could be going for surgery and she needed an immediate urine specimen.

She returned to the patient with another specimen container. She explained what she needed *this* time, holding the container near the appropriate area of his anatomy.

Her patient complained, "I don't think I can spit that far!"

Hmm... Decisions, Decisions Doris Therman, RN

While scanning the new orders for my patient, I found an order for "Indocin suppository 25 mg now." I had never given that drug in suppository form, so I looked it up in our handy-dandy nurses' drug book. It recommended: "Indocin 25 mg PO or per rectum with food or antacid."

All we had available on the evening shift were graham crackers and apple sauce. I wasn't sure which the patient would prefer.



Stories From The Floor is a regular feature in the JNJ. Send your funniest true stories (50 to 200 words) to us at JNJ SFTF, Mark Darby, RN, 2917 N 49th St., Omaha, NE 68104. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.

Patient Transfer Quiz By Elaine Tuten, RN



- 1. On arrival to Post Anesthesai Care Unit, the PACU nurse/secretary/significant other will:
- A. Call the intended post-op unit and notify them of the patient's arrival to PACU.
- B. Call admitting and beg for a room.
- C. Don't call anyone. Surprise, after all, is the spice of life.
- D. A and/or B
- 2. Upon being notified that the patient is coming from PACU, the post-op unit will:
- A. Alert the patient's nurse that her or his patient is on the way.
- B. Check the room for readiness (see Policy and Procedure).
- C. Send all but one nurse to lunch.
- D. None of the above.
- 3. If the post-op patient is in need of any special equipment, the PACU nurse/secretary/significant other will:
- A. Alert the post-op unit so that they can be prepared.
- B. Intend to call, but (oops!) forget, and then apologize profusely to the receiving nurse.
- C. See question 1, answer C.
- D. Figure, "They'll see it in the orders."

- 4. When the patient is ready for transfer from PACU to the post-op unit, the PACU nurse/secretary/significant other will:
- A. Notify the receiving unit that the patient is ready for transfer approximately ten to fifteen minutes prior to the estimated time of arrival.
- B. Have someone else call the receiving unit approximately five minutes after the nurse leaves the PACU, so that the patient and the phone call arrive at the same time.
- C. See question 1, answer C.
- D. Call the receiving unit and ask them to come for the patient.
- 5. Upon notification that the patient has arrived in PACU, the post-op unit will:
- A. Prepare the patient's room according to policy and procedure.
- B. Plan to prepare the patient's room just as soon as the breakfast trays have been collected, the vital signs are done, and Dr. Hyanmighty has finished making rounds.
- C. Write a note to remind yourself to tell the nurse that has that side of the unit just as soon as she finishes doing her six bed baths and refilling all the water pitchers.
- D. Say to the caller, "I'm sorry, you have the wrong number," and lay the phone down on the desk.

6. As the patient is being wheeled to his room, which of the following would be appropriate?

- A. Assist the PACU nurse with the stretcher to the patient's room.
- B. Page a nursing assistant to report to the patient's room.
- C. Try to busy yourself at the desk and hope someone else will get up and go help.
- D. Depress the intercom button and say, "I'll be right there." Then take off in the opposite direction.

7. The patient will be assisted to his bed "in a safe and timely manner." Which of the following can best accomplish this?

- A. The PACU nurse will leave the patient in the hall and rearrange the room to allow space for the stretcher to move in along side the bed, raise the bed to the proper height, turn the bed down, depress the patient call light and ask for a helper and an IV pole.
- B. The receiving nurse will assist the PACU nurse in transferring the patient to his post-op bed (see Policy and Procedure).
- C. The nursing assistant will meet the PACU nurse at the patient's room, then immediately leave in search of an IV pole.
- D. The receiving nurse will notice the CBI and ask "Are you sure we're supposed to get him? We don't do CBI's up here very often. If you'll wait right here, I'll ask my head nurse just as soon as she gets back from lunch."

8. During report, which of the following is or are most appropriate?

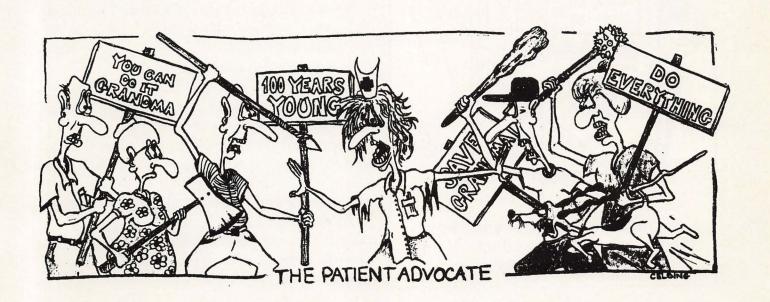
- A. PACU nurse: "Do you have any questions?" (when report is finished)
- B. Floor nurse: "Just a minute—let me go find my paper."
- C. PACU nurse: "Oh, I forgot the chart—I'll be right back."
- D. Floor nurse: "Let's look at this PCA (or dressing, or CBI) together."

9. After the patient is settled in his bed, the PACU nurse will give the report to the receiving nurse. This can best be accomplished if:

- A. The PACU nurse gives pertinent information about the patient and his surgery, medical history, and physical status while in PACU.
- B. One or both nurses are able to read the post-op orders.
- C. The receiving nurse is attentive, and interruptions are kept to a minimum.
- D. All of the above.

10. A *safe and timely* transfer will be accomplished when:

- A. The PACU notifies the receiving unit of the patient's arrival to PACU and his ETA to the post-op unit.
- B. We have more help.
- C. The post-op unit prepares the patient's room ASAP and is ready to receive the patient when he arrives.
- D. Donkeys fly!



Call Lites!

The JNJ Joke Collection

A big city specialty deli had a case of brains for sale: secretary brains, lawyer brains, nurse brains, doctor brains . . .

A customer noted that doctor brains were the most expensive. They were \$300 per pound. She asked why the price was so high.

"Ma'am, do you know how many doctors it takes to make a pound of brains?"

Contributed by Sue Cagle, RN, CCRN

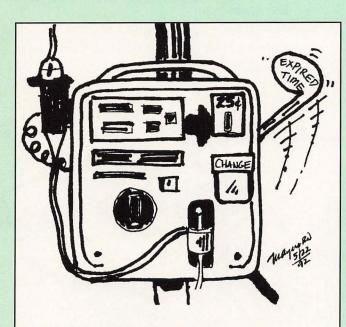
Doctor: "For constipation, take two suppositories."

Patient: "Before or after meals?" Contributed by L. S. Howard

Q: If Vodka and orange juice is a screwdriver, what is vodka and prune juice?

A: A piledriver.

Contributed by Sheila Morisette



Administration was not amused at the latest revenue producer from the IV pump manufacturer.

A man went to a specialist because he was having trouble with impotence. After a thorough exam, the doctor told the man that he had three options.

"First," he explained, "for \$10,000 we can set you up for a regimen of multivitamins and a special experimental drug. This might help."

"Next," he continued, "for \$20,000, we can add intensive therapy to the regimen, and for \$30,000 we can perform an operation that has proven very successful in most cases. But you'd better go home and talk this over with your wife."

The next week, at the man's follow-up appointment, the doctor inquired about their decision.

"My wife has decided to re-do the kitchen instead."

Contributed by Sandy Ritz, RN

More JNJ library listings:

- Complications of Therapeutic Management of Diabetes Mellitus by Insa Lynn Schoch, MD
- *Upper GI Diseases and Disorders* by Hyatt L. Hurnya, MD
- Drugs used in Cardiac Emergencies by Bela Donna, MD; Lida Kane, MD; Ann Tropin, MD and E. P. Neffirin, MD, with commentary by D. Jetalis, RN, CCRN

Contributed by Suzanne M. Vargo, RN

Doctor: Well, I have some good news and some bad news. Which would you like first?

Patient: Okay, Doc, give me the bad news.

Doctor: I'm sorry, but you are going to lose both your legs.

Patient: Wow, Doc, that is terrible. Then what's the good news?

Doctor: Your roommate wants to buy your slippers. *Contributed by Kerri Lynn Hilbert, RN*

Q: Did you tell your husband you need a cholecystectomy?

A: Yes, but he says if he can't spell it, he can't afford it.

Contributed by Rochelle Shepherd

A medical doctor knows everything, but can't do squat A surgeon can do everything, but doesn't know diddly A psychiatrist knows nothing and does nothing A pathologist knows all and can do all, but it's always too late.

Contributed by Rachel Birks, RNC

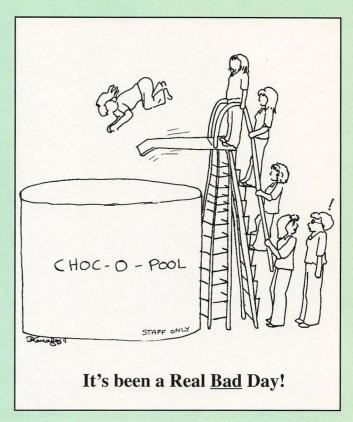
Q: What do the Department of Human Resources and doctors have in common?

A: Both can make people live beyond their means. *Contributed by John Duncan, LPN*

Nurse (calling a transporter): I have a discharge. Transporter: Should I bring a gynecologist? Contributed by Yollie Domingo, RN, BSN



Emma Goode, GN, was about to correctly answer her last N-CLEX® question, when a mysterious virus attacked her assigned terminal, and dissolved her entire nursing board examination in a single split second.



A psychiatrist and a proctologist merged. They had trouble choosing a group name for themselves. Should it be *Nuts and Butts*, *Heads and Tails*, or *Odds and Ends*?

Contributed by Max Baverman

A man barely makes it through the ER door, then collapses. The nurse frisks him for identification.

"Nurse, what have you got?" calls the doctor.

"\$2000 in cash, \$4000 in travelers checks, Visa, Master and Discover cards."

"Admit him at once."

Contributed by Micheline D. Birger, RN, BSN

Heard a funny nursing or medical joke lately? Send it to us! If we use it in Call Lites, you will receive 2 copies of the JNJ and a Limited Edition JNJ T-Shirt. Send your jokes to: John Baringer, JNJ Joke Editor, P.O. Box 2221, Tucson, Arizona 85702-2221.

The Four Basic Personality Types of Murses Suzanne M. Vargo, RM

Nursing is as diverse as those who make it their career choice. However, there are certain basic traits inherent in all nurses. After a decade of fine tuning my nursing skills in a variety of clinical settings, I have noticed that nurses generally fall into one of four distinguishable personality types.

1. The Excitement Junkie

This nurse has a penchant for blood and guts.

The Excitement Junkie continually seeks the high of that epinephrine-rush inherent in life-and-death clinical one situations. This nurse one needs to work amidst tension and chaos and will create it, if necessary. The Excitement Junkie unwinds by watching Rescue 911 on TV. This nurse becomes wild-eyed over any Code Blue announcement, fire drill

or the alarm on a piece of biomedical equipment.

Excitement Junkies are found in the specialty areas of Med-Evac, emergency departments, ICU and CCU units, cardiac step-down, acute hemodialysis, cardiothoracic and transplant surgical teams, ambulance transport teams, burns and trauma.

2. Glory and Praise Seeker

This nurse has a strong desire to look good in the eyes of others. This nurse wants to be

seen as having altruistic motivations. However, appearing good is not always synonymous with being good. Glory and Praise Seekers are experts at the "Genuflect and Pucker" maneuver. They may present a zealot-like discipleship to the philosophies of Nurse Empowerment and Professional Image. Their social relationships are based on affili-



ating with high-profile, influential persons.

Glory and Praise Seekers are found in all spheres of clinical practice, often quickly advancing to administrative positions. Many others retire early, due to the financial advantages of having married well, and go on to head their hospital auxiliaries. Other Glory and Praise Seekers are found on university campuses as professors of nursing or as professional students. They distinguish themselves from the mainstream with degrees, titles and publications.

3. Delegative

Nurses of the delegative personality type possess a basic insecurity of performance and strongly need to conceal it. They will do whatever it takes to successfully hide their "imposter" fears. This personality type has two sub-divisions:

3A. Authoritarian Delegative

These nurses learned that overt displays of intimidation are effective. Authoritarian Delegative nurses apply the principles of Totalitarianism, learned at the Marquis de Sade and Benito Mussolini Schools, to control their work environments. Regardless of their chosen specialties, these nurses will always end up in management positions.

3B. Passive Delegative

Passive Delegative nurses are found in the mainstream of every clinical area, and rarely in management. These nurses are effective delegators based on what they silently choose not to do. Often seen as "laid-back" or "casual," they maintain an



easy first-gear pace at work while others pick up the slack. On days when student nurses are co-assigned, the Passive Delegative nurse will have a three hour coffee break and do lunch for the remainder of the shift. These nurses don't often attain material wealth, due to the generous manner in which they pass the buck.

4. Angel of Mercy

These individuals consider nursing a calling. Sensitive and compassionate, they place their devotion to others before themselves. Angels of Mercy go to work in the worst of storms. They pick up extended and additional shifts whenever needed. Patients love to have Angels of Mercy, because all of their needs will be met. These nurses often delay, in marathon fashion, personal needs for food and fluids, rest, elimination and recreation. Many are expert instructors of Kegel exercises.

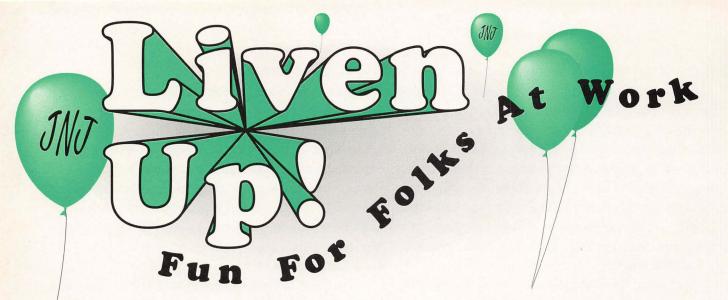
Nursing colleagues love to have Angels of Mercy around. Glory and Praise Seekers enjoy taking credit for their accomplishments. Excitement Junkies and Authoritarian Delegators verbally abuse them, since Angels of Mercy will not talk back. And Passive Delegators use them to lighten the work load.

However, since Angels of Mercy are human, their rate of burn-out is extremely high. If they remain in clinical practice, these nurses gravitate to specialties in hospice, holistic health, hypnotherapy, shiatzu massage, reflexology or herbal therapies. Upon retirement, if physical or mental health are not impaired from years of abuse, Angels of Mercy will often join the Peace Corps or assist in rebuilding Boznia-Herzegovina. These nurses have a strong need to be productive, even though rest and relaxation are more than overdue.

It is rare, though not impossible, to see the pure, stereotypical forms of these personalities. Further study is needed to learn how these four basic types are influenced by education, work environment, mentoring and life experience.



-JNJ-



With all the current discussion about health care reform and saving money, the following suggestion was submitted for consideration.

Health Care Partners: Sharing the Quarters

Group practice, managed care, integrated networks and other new paradigms are looming on the health reform horizon. Shared office facilities is one means to contain costs. Consider the care that could be offered if certain health care professionals shared offices.

Neurosurgeon and Podiatrist Dentist and Podiatrist Dentist and Radiologist Orthopedist and Psychiatrist Urologist and Orthopedist Veterinarian and Podiatrist Urologist and Proctologist Proctologist and Ophthalmologist Pathologist and Cardiologist Ophthalmologist and Dentist Podiatrist and Proctologist Veterinarian and Psychiatrist Diabetologist and Sex Therapist Psychiatrist and Hand Surgeon Urologist and Pediatrician Proctologist and Obstetrician

head-to-toe care tooth-and-nail care spitting-image care bonehead care ball-joint care puss- 'n-boots care stem-to-stern care hindsight care deadbeat care eye-teeth care footstool care animal-crackers care sugar-daddy care fickle-finger care pee-wee care Pooh-bear care

Frances Kiefer, RN Bemidji, Minnesota

Remember when we all studied the classic nursing topic, the hazards of immobility? One of our readers has written a rap song to help her nursing students remember some of the fundamental concepts.

The Immobility Rap

Got in a wreck and bumped my head, The Doctor said, "Go to bed." Can't get up, no moving around, Wish I could put my feet on the ground. Never thought much about elimination, Five days in bed, got constipation.

Sit me up, up, won't you now! Stand me up, up, before I have a cow.

My joints are achy, getting stiff,
Passive range of motion would be a nice gift.
But active range of motion wouldn't be wrong,
Helps my muscles stay big and strong.
"Give me good food!" I don't mean that with malice,
But if you don't, negative nitrogen balance.

Sit me up, up, won't you now! Stand me up, up, before I have a cow.

Take a deep breath! Take a sigh, Believe me I will certainly try. Without that oxygen to my brain, Watching TV would be a strain. Not to mention things like atelectasis, My lungs end up in some real messes.

Sit me up, up, won't you now! Stand me up, up, before I have a cow.

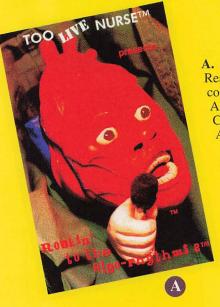
Demineralization of my bones?
The calcium gets loose, starts to roam.
Then I'm afflicted with urinary stasis,
I end up with stones in the wrong places.
I need protein, calories and lots of fiber,
Forget extra calcium, makes the stones get wider.

THE JOCULARITY



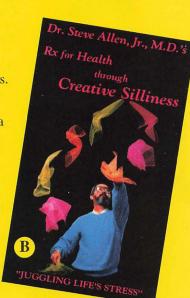
THE HUMOR RESOURCE FOR HEALTH PROFESSIONALS

Summer 1995 Catalog



A. Rockin' To The Algo-Rhythms 2 by Too Live Nurse Productions. Resuscitate your ACLS skills the FUN and EASY way with this collection of Musical Cardiac Protocols based on the new ACLS Algorithms. Let Too Live Nurse help you to breeze through "Mega Code" and have you singing as well! TA001RAR Rockin' To Algo-Rhythms 2 \$15.00

B. Rx for Health through Creative Silliness by Dr. Steve Allen, Jr. Steve takes you on a lighthearted journey using laughter and playfulness to juggle life's stress. Using his medical knowledge and his family's gift of humor and wit, Steve will help you laugh and play your way to less stress...and you'll learn how to juggle, too! A set of three scarves comes with this 60 minute videotape. TA006RXH Rx for Health Video \$40.00

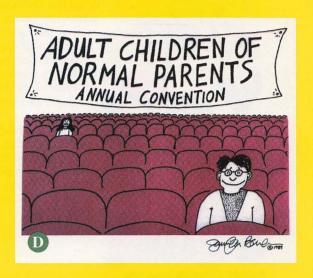


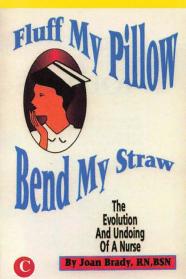
C. Fluff My Pillow, Bend My Straw: The Evolution and Undoing of a Nurse by Joan Brady, RN, BSN. Meet Courtney Quinn, BSN, a new graduate ready to take on the world of professional nursing.

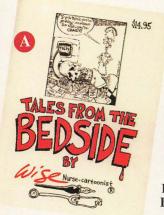
As a child, Courtney was intimidated by school nuns. When she became a nurse, she was even more intimidated by the physicians, drained by the understaffing and the unexpected emotional impact of caring for her patients. You will laugh with her as she "takes on the system" and tries to make positive change for nurses.

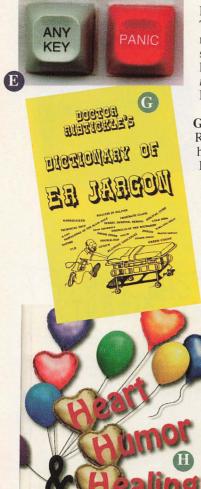
BK011FMP Fluff My Pillow \$14.95

D. Adult Children of Normal Parents
Annual Convention T-Shirt by Jennifer
Berman. Are there any of us out there!
This Pre-Shrunk 99% Cotton t-shirt comes
in white. Available in large and x-large.
TS005WHT Adult Children T-shirt
\$16.00









Edited by Patty Wooten, R.N.

A. Tales From The Bedside. The first book from artist John Wise, RN. Over 100 page of hilarious cartoon about nursing and healthcare. Beware, John's cartoon aren't for the squeamish. BK002TFB Tales From Bedside 1 \$14.95

B. Tales From The Bedside 2: "Over The Counter" by John Wise, RN. More than 100 pages of outrageous cartoon humor for healthcare professionals and consumers! John is a contributing artist to the Journal of Nursing Jocularity. **BK001TFB** Tales From Bedside 2 \$14.95

Purchase both of John's books for a special price. **BK003TFB** Tales From Bedside 1 & 2 **\$25.00**

C. "Sometimes All You Need Is A Good Paddling To Get You Back In Line" T-Shirt from Trauma Gear, "Unique Sports Wear for Unique Professionals". This Pre-Shrunk 99% Cotton t-shirt comes in Ash. Pocket-size "Trauma Gear" logo on front of shirt. Available in large and x-large. TS002ASH Paddling T-shirt \$16.00

D. "Going . . . Going . . . Gone" T-Shirt from Trauma Gear. Sinus rhythm to V-tach to Asystole, this shirt covers it. This Pre-Shrunk 99% Cotton t-shirt comes in Ash. Pocket-size "Trauma Gear" logo on front of shirt. Available in large and x-large. **TS004ASH** Paddling T-shirt \$16.00

E. ANY KEY and PANIC computer keys. Personalize your computer keyboard with these fun, self-sticking keys. Order \$50 or more and they're free! **MS001KEY** Panic/Any Key **\$3.00**

F. Healing Power of Humor by "jolly-tologist" Allen Klein. Techniques for getting through loss, setbacks, upsets, disappointments, difficulties, trials, tribulations, and all that not-so-funny stuff. Brimming with pointed, humorous anecdotes and learn-to-laugh techniques. "Provides practical advice as to the fundamental importance of humor and laughter." Steve Allen, comedian. **BK006HPH** Healing Power of Humor \$9.95

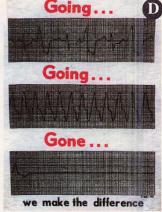
G. Doctor Ribtickle's Dictionary of ER Jargon by Don Kight, RN. This book will make a wonderful addition to your medical humor collection. A great resource book for any ER department. Includes definitions for terms like Hiatus Ernion, Tuba-leg-asian, Smilin-Mitey-Jesus and hundreds more. **BK012DRD** Dr. Ribtickle's Dictionary \$5.95

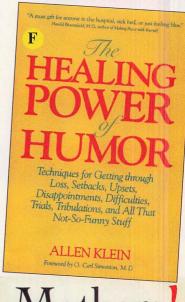
H. Heart, Humor & Healing edited by Patty Wooten, RN. A delightful collection of inspiring, fun-filled and laughter-provoking quotes designed to promote healing in the patient as well as the caregiver. "The book is good for more than your heart...It will help heal your life and body." Dr. Bernie Siegel, Surgeon, author of Love, Medicine & Miracles.

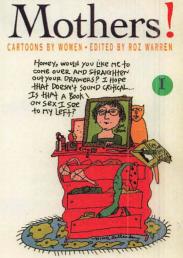
Patty's feature "Jest for the Health of It!" appears in each issue of the Journal of Nursing Jocularity. **BK004HHH** Heart, Humor & Healing \$9.95

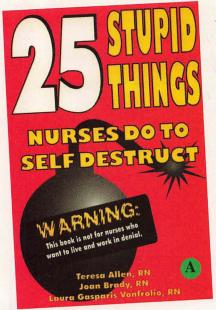
I. Mothers! Cartoons by Women, edited by Roz Warren. An irreverent, passionate and wickedly funny look at motherhood by the real experts - mothers and daughters. Topics include: The Joy of Pregnancy and Childbirth; Baby Frenzy; The Art of Motherhood; Are You SURE You're a Good Mother? and more. BK010MOT Mothers! \$8.95

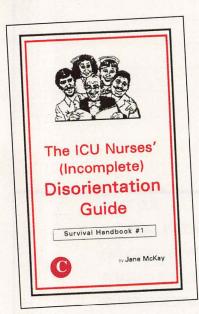


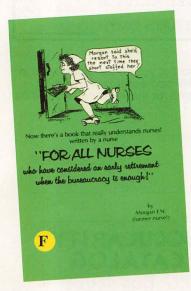












A. 25 Stupid Things Nurses Do To Self Destruct by Teresa Allen, RN, Joan Brady, RN and Laura Gasparis Vonfrolio, RN. Increase your awareness as a nursing professional through such topics as: We Don't Stick Together, We Suppress Our Convictions, We Seek Out And Stay In Dysfunctional Relationships, and We Fight All The Wrong Battles. The cover of this book contains the following warning: "This book is not for nurses who want to live and work in denial." BK014STN Stupid Things Nurses Do \$19.95

B. Health Care FUN-damentals by Karyn
Buxman, MS, RN, is a independent study project
comprised of 4 audiotapes & a booklet. Includes
everything you wanted to know but were afraid to
ask about therapeutic humor. Approved for 6.2
contact hours recognized by the ANA, ANCC & all states
recognizing ANA approval system & by the California Board of
Registered Nursing. CE credit optional. Karyn is considered

appears in each issue of the Journal of Nursing Jocularity. **TA004HCF** Health Care FUN-damentals \$59.95

C. The ICU Nurses (Incomplete) Disorientation Guide, by Jane McKay. A handbook of humor from the trenches; includes specialized policies with criteria for shooting physicians, guidelines for training interns and instructions for visitors. Not for the general public or bedsides of the infirm! **BK005ICU** ICU Nurse Guide \$7.00

an expert on therapeutic humor and her feature "HumoRx"

D. How to Develop Your Sense of Humor: An 8-Step Humor Development Training Program by Paul McGhee, PhD. This book discusses the latest research on how humor/laughter contribute to physical health plus gives you a hands-on program for learning to use humor to cope with stress. This program shows you how to strengthen basic humor skills when you're not under stress, and then how to apply these skills under high stress conditions. **BK007SOH** Sense of Humor \$20.00

E. Humor Log for the 8-Step Humor Development Program by Paul McGhee, PhD. This book is designed as a workbook to accompany the above book "How to Develop Your Sense of Humor". It allows you to monitor your progress through the program from week to week, and includes a humor pre-test and post-test which enables you to assess the level of gains in humor skills made as a result of the program. **BK008HRL** Humor Log \$12.00

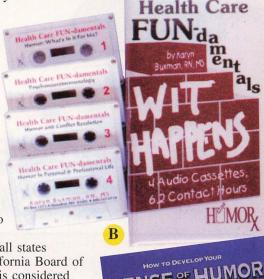
BK009MCG Both Sense of Humor & Humor Log \$29.95

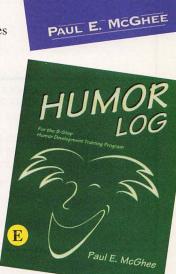
F. "FOR ALL NURSES who have considered an early retirement when the bureaucracy is enough!" by Morgan F.N. (former nurse). A fun book full of cartoons, puzzles, riddles and nostalgia. **BK013FAN** For All Nurses \$5.95

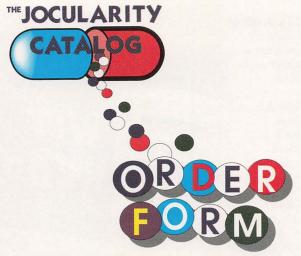
G. Health & Humor through Harmony by the "NurSING Notes", an all RN Barbershop Quartet. This comedy quartet puts the "SING" in NurSING with songs such as "While Strolling Down The Hospital Hall", "The Physician", "The Waiting Room" and "Patient Lament". The Nursing Notes were a smash hit at the 1993 Journal of Nursing Jocularity's Humor Skills conference and will be returning at the 1995 conference. TA003HHH Health & Humor Through

Harmony \$10.00









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To provide health professionals with products that can be used to incorporate humor into their lives and their workplace, and to support health professional entrepreneurs in the development and marketing of humor related products.

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™JOCULARITY CATALOG

P.O. Box 40129 Mesa, AZ 85274 602-835-6165 Sit me up, up, won't you now! Stand me up, up, before I have a cow.

Tossing and turning is good you say,
To keep the decubitus ulcers away.
Back rubs and lotion all help to keep
My skin soft and healthy, not red as a beet.
No skin break down, no not me,
I want an intact integumentary.

Sit me up, up, won't you now! Stand me up, up, before I have a cow.

The blood gets sluggish in my legs, Ruins the valves in my veins. Blood clots form, break, and ride To the lungs, pulmonary emboli! Action STAT to save my life. A respiratory arrest is quite a fright! Sit me up, up, won't you now! Stand me up, up, before I have a cow.

What a bore to be in this bed.
Nothing to do, not using my head.
Diversional activities sure help me cope,
Sensory deprivation is really no joke.
I don't like seeing things that aren't there,
Being restless, confused can be a bear!

Sit me up, up, won't you now! Stand me up, up, before I have a cow.

Keep me healthy, nurse, while I lay in this bed, Keep me healthy, nurse, from my toes to my head. I'll thank you one day for all that you do, But until then, I've got the immobility blues.

Linda Caputi, RN, MSN, EdD Carol Stream, Illinois

Medical Mutants by Theresa M. Seay, MA

Various people, reading the same words, interpret them differently depending on background, educational level, interests and other factors. Here are some examples of alternative interpretations:

arrhythmia: complete deficiency of dancing talent

aspiration: desire to be rich and famous in life, as in *to be a doctor*

autointoxication: guzzling while in a vehicle beta blocker: second string defensive lineman **Bright's Disease:** being too smart for one's own good

cohort study: evaluation of co-workers

counterirritant: leftover crumbs neglected by waitress

cryoprecipitate: tears

debridement: the divorcing of a fairly new wife

diarrhea: a running disease

dumping syndrome: divorcing a spouse upon

receipt of an MD degree

hammer toe: the result of a klutzy carpenter irreducible: a quality of some obese people

Krebs Cycle: hospital exercise machine for nurses who must be on duty for very long shifts **latent period:** the time before the next paycheck arrives

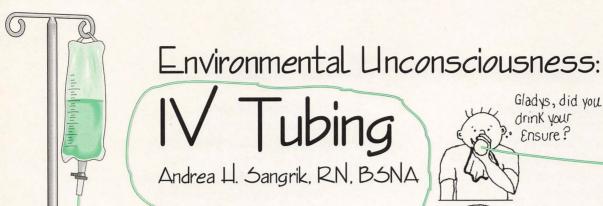
nosology: the study of various types of snouts **oral contraceptive:** the enduring ability to refuse all sexual offers

provitamin: those who endorse taking large vitamin doses

rejection: what the significant other of a nurse feels when the date is cancelled due to mandatory overtime

salmonella: a little salmon; the fish before it reaches maturity and swims upstream to spawn thought-stopping: television, especially commercials

xerosis: illness caused by standing too long at the copy machine







Hospitals must respond to contemporary environmental demands. Like other businesses, hospitals can save the earth's resources while saving money. This is important, since saving money is the primary mission of hospitals.

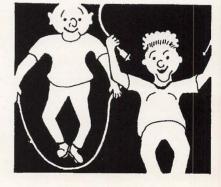
Clearly, one solution is to reuse nonbiodegradable disposable equipment. The most annoying of items in this category is IV tubing. Landfill owners are tired of tripping over the tubing. Ironically, many hospitals are rather pleased with the income generated by the emergency room treatment of insured landfill owners' sprained or fractured ankles. But there are so many productive ways to reuse IV tubing. When this tubing is no longer added to landfills, with luck, some other discarded item will emerge from the pile which, has injury potential.

Here are a few ways hospitals can reuse IV tubing:

• A handy guard wire strung across the entrance to the hospital cafeteria, to keep unwelcome visitors out during employee mealtimes. For even better results, the guard wire could be

connected to a spare defibrillator for effect.

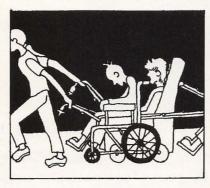
- · Jump ropes for the patients in Cardiac Rehab.
- Guitar strings for use in music therapy on the Mental Health Unit.



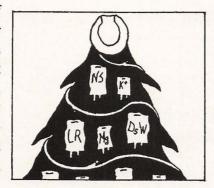


 Special leashes that can be attached to wheel chairs and geri-chairs. These leashes will help transport several non-ambulatory patients at the same time.

One word of caution: do not use in plushly carpeted hallways, unless you are certain that Workman's Compensation will adequately cover the bills for your hernia repair.



- A nifty lasso to ensnare an escaping doctor, who has just made a break for the elevators before interpreting his hieroglyphic-like orders for the secretary.
- A weather-proof tinsel substitute for hospital's the Christmas tree next December. This. coupled with empty IV bags as ornaments, should add quite an original touch!



- Geriatric bungee-cord jumping equipment for longterm patients who want to do something more challenging than sing-a-longs or bingo.
- Sturdy tethers to attach to the psychiatric patients during community field trips, to prevent quick escapes or suicide attempts.
- · A cord for connecting two empty Ensure cans together. This will serve as an upgraded intercom system for communication within the unit.

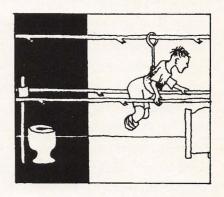


- Restraining devices to remind visitors with lit cigarettes to remain in the smoking lounge, so they don't set off every smoke alarm in the hospital.
- · An attractive, yet useful, hair ribbon for longhaired employees.
- · Bracelets and necklaces to be sold in the hospital gift shop as a fundraiser for nursing continuing education. Much more professional than those bake sales!



- Tarzan-like vines hung strategically in the hallways of patient-care areas to speed access to patient rooms. These would also come in handy during fire drills.
- A hammock for storing urinals in the utility room, since hanging them across the ceiling saves shelf space.
- A rope-and-pulley system constructed in patient rooms, so patients who cannot walk will be able to

drag themselves to the bathroom without help. In fact, this should reduce the number of Foley catheters the hospital will need, thus being even more environmentally unconscious!



These suggestions can help your hospital become more environmentally unconscious. Add some ideas of your own to this list. Future issues of JNJ will provide more tips that will make the EPA proud!



Our hospital recently started to play fourteen seconds of "Brahms' Lullabye" over the public address system every time a baby is born. But why should the rest of the units be left out? One night my coworkers and I came up with a list of songs to play for various situations found throughout the hospital. Here are some of the printable ones.

Eye surgery: "I Can See Clearly Now" Heart surgery: "We're In The Money"

Breast augmentation: "You Make Me Feel Like A Natural Woman"

Amputation: "All Of Me"

Trouble with an arterial line: "Tiny Bubbles"

Tube feeding diarrhea: "Green River" Kidney stone: "Love Me Like A Rock"

Gown won't stay together in the back: "Looking Out My Backdoor"

A patient won't leave his or her gown on: "I'm Shameless"

Colonoscopy: "Bad Moon Rising"

Hemorrhoidectomy: "Great Balls Of Fire"

A fire: "Something's Burning" Combative patient: "Wild Thing"

Putting someone in leather restraints: "Every Which Way But Loose"

Psych admission: "Crazy"

Grand mal seizure: "Shake, Rattle And Roll" Respiratory distress: "I'm Mister Blue"

MI: "Achy Breaky Heart"

Trying to keep your patient from coding: "You Say Good-bye, And I Say Hello"

Code Blue: "Help, I Need Somebody"

Suicide attempt: "Fifty Ways To Leave Your Lover"

A patient death: "Another One Bites The Dust"

Organ retrieval: "Harvest Moon"

A patient is constantly on the call light: "Here's A Quarter, Call Someone Who Cares"

End of visiting hours: "Hit The Road, Jack"

Contributed by Denise Parker, RN, BSN and friends, Cindy Collins, RN; Barb Willard, RN; Julie Towle, RN, BSN; Warren Lambert, RN; Mike Lee, RN, BSN; Shelly McMasters RN, BSN; Marcia Erickson, RN; Susan Weeks-Calander, RN; Christine Harvey RN, BSN; Dianne Davis, RN.

Discharge Planning Made Easy Janet Rosen, RN, BSN, PHN

Background

Discharge planning is a complex and little understood nursing specialty. When laypersons were told that a friend was becoming a discharge planner, 24% believed that she had taken a job at the county V.D. clinic, 54% (comprised mostly of young married couples) thought that she was discussing a fertility specialist position, and 8% (notably younger males) wondered if she was working at the sperm bank. The remaining 14% stared blankly and said "That's nice." The author is pleased to report that she has new friends now.

The situation is not better within the hospital setting. Most physicians refer to the discharge planning nurse as "that girl from social services," while the response from ancillary departments is consistently, "What is it you do again?"

The purpose of this article is to demystify the discharge planning process by presenting two screening tools that can easily be integrated into general nursing practice.

Universal Screening

Is patient alert and oriented x 3?

NO —> Refer to neurology, psychiatry and social services for full evaluation.

YES -> Continue screening

Is patient up, ambulating ad lib?

NO —> Refer to P.T. and O.T. for full evaluation.

YES -> Continue screening

Is patient on only oral medications?

NO —> Pester house staff until they badger attending physician into changing orders. Plan discharge in twenty-four hours.

YES —> Why the heck is the patient still here? Don't you know reimbursement is at risk?

High Risk Screening

Is patient remarkably old and decrepit?

NO -> See Universal Screening.

YES —> Proceed to a complete chart assessment and face-to-face interview. Where *is* that lab coat?

Does patient have any actual or potential needs that could remotely be justifiable as "skilled nursing?"

YES —> Turf to SNF for "short stay" and let *their* discharge planners figure it out.

NO —> Engage in loud argument with attending physician, preferably at nursing station.

- If he takes the unreasonable position that patient is not ready for discharge, point out that there is no "skilled need" and we *really* have to discharge.
- If he takes the unreasonable position that patient can be discharged immediately, point out that this is absolutely impossible, since you have not yet completed your assessment for home safety.

Does patient have family?

NO —> Refer to social services. They'll figure something out for the poor wretch.

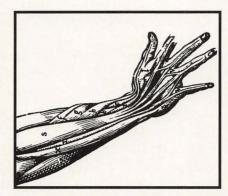
YES —> Leave messages on all available relatives' phone machines explaining why Medicare will pay for anything except what patient needs. Leave long resource lists, preferably outdated, at bedside. If this does not convince them that patient is ready for discharge, hold a patient and family conference. Impress them with your arcane knowledge of Medicare, Medicaid, Medigap. With any luck they will either be so bored by you or so convinced of your lunacy that they will agree to discharge in order to remove patient from your clutches. And don't forget to refer to VNA a fashionably late three days after discharge!

Immediate Nursing Action

Traumatic Amputation

by Harold E. Stearley, RN, BSN, CCRN

Spending a day at the mall is often a way to relax from the stressful situations that nurses face during work. However, when you entered the pet shop today you found yourself witness to a traumatic event requiring all of the nursing skills that you could muster.



Assessment

Little Johnny is screaming with pain and fear at the back of the shop next to a pink tinged aquarium housing one large piranha. The smell of blood instantly elicits the nursing process (which courses through your veins), and you find yourself prying Johnny's blood covered left hand off of his right. You feel his fear gripping your own intestines as you discover he is missing his right index finger.

Immediate Nursing Action

Diagnosing traumatic amputation, you immediately dispatch the surrounding crowd to gather the following items: a three inch fish net, a package of disposable filter cartridges, one salt block for rodents, a cup of tap water, a dog's water bowl, a cup of ice, and a two foot piece of aquarium air tubing. Of course you had already sent someone to activate the local EMS system—Rationale: Early access to the emergency medical system is essential to gain the advanced medical support necessary to optimize patient outcome in traumatic situations.

While the others are gathering the equipment you ordered, you pull out your trusty Nightingale Survival Knife. Opening the handle, you remove and assemble the fishing kit stored inside.

With all your requested items in hand, you calm Johnny using supportive communication techniques. Instinctively, one hand applies pressure to his wound using the clean white filter floss from the filter cartridge, while the other hand is using the fish net to snare a goldfish for bait. As you reel in the piranha, you allow Johnny to assist with his own care by having him maintain the pressure dressing—Rationale: Increasing patients' involvement in their own care helps to foster independence, as well as health promotion and prevention. This also frees up a hand so you can apply the two foot section

of aquarium tubing as a tourniquet on Johnny's arm.

Once Johnny's bleeding is controlled, you turn your attention to retrieving his amputated digit for reimplantation. You fillet the piranha in seconds with your Nightingale, and recover the digit intact.

Now you must preserve the finger for reimplantation. You mix a thumbnail sized piece of salt from the salt block with the cup of water in the new dog dish, and add Johnny's index finger—Rationale: The normal saline you just mixed is isotonic and will protect the tissue from further damage. You set the cup of ice into the bowl to chill the water, avoiding direct contact between the finger and the ice—Rationale: Cold temperature will also help preserve the amputated digit, but direct contact with the ice could cause tissue damage.

Follow-Up Care

Continuing to soothe Johnny with psych-nursing techniques, you await the ambulance. You loosen the tourniquet every ten minutes to avoid ischemia to Johnny's hand, and wish him well at the hospital as you give a full report to the paramedics.

Johnny's parents have already thanked you for your assistance, but the real reward appears in the newspaper a week later when you read that Johnny's surgery was successful. You decide that you should study the mall's layout, and make a list of all your available resources before you spend another day off shopping to relax—Rationale: You never know what you might encounter at the mall . . .



Sorry Sir

Our college kept a tight budget. As part of our skills labs, each nursing student was required to insert a Foley catheter into a lifesize and anatomically correct green plastic male dummy.

Evelyn, an extremely enthusiastic student, was one of the first to accept the challenge. However, when she firmly grasped the green plastic penis and inserted the Foley with all the finesse of a pregnant water buffalo, it snapped off in her hand. Our poor dummy had just undergone a total penectomy, without anesthesia or informed consent!

The hilarious attempts of our instructor to reconnect the severed organ with bandage tape and super glue were even more entertaining.

Andrea Sangrik, RN, BSNA

Student

Slippery Tonsils

As a student nurse, I wanted to dazzle the staff with my comprehension of medical terminology and my ability to decipher barely legible physician's orders. When they had been unable to decipher a recently scribbled order, I cheerfully offered my interpretation.

"Apply vaginal cream to the uvula," I stated proudly. To the amusement of the unit clerk and RN, a nearby physician replied, "Well, if you've managed to reach all the way to the uvula, I think you've applied a bit too much."

Edie West, RN, BSN

Must Have Been His Liver

Nursing school is difficult, to say the least. I discovered just how difficult in a Physical Assessment Class. I was a happily married male student, and my lab partner was a single female. This partnership was awkward, but we wanted to make it work.

On the day we were doing the abdominal exam, we were really concentrating on the task at hand. I examined her behind the partition. Then it was her turn. Everything was going great as she palpated my kidney, until she said, "Oh my

God, it's so hard!"

Needless to say, several voyeurs tried to discover what she was really examining.

Dannie Suber

Document, Document

Our stern and starched instructor reviewed the charting of one of my classmates before she transcribed it into the chart. She saw "iiiiii" under the BM section and asked, "Miss Smith, did you tell your team leader your patient has diarrhea?"

> "No, ma'am," she replied. "Why not?"

"Because my patient doesn't have diarrhea," responded Miss Smith.

The instructor grew livid. "How can your patient have six BMs and not have diarrhea?"

You guessed it. Miss Smith had counted each little marble in the toilet bowl.

Janet Runner, RN, MSN

Student Nurse Cut-Ups is a regular feature in the Journal of Nursing Jocularity. Send your funniest true student nurse stories(50 to 150 words) to us at JNJ Student Nurse Cut-Ups! Judith Vallery, MSE, RN, 15106 Morning Tree, San Antonio, TX 78232. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.

Starting Humor Cart

or How I Spent My JNJ Humor Project Scholarship Money

Patti Bihn, RN, BSN, CCRN



Thanks to the JNJ Humor Project Scholarship, our Coronary Care Unit Humor Cart is rolling along!

After returning home from the JNJ conference, I was inspired (and financed) to start looking for a cart. Actually, this was the most difficult task of the project.

First, I checked around my hospital to see if there was a cart that was free. There wasn't. So I shopped. I found a two-shelf utility cart, but it was too bulky and noisy for our unit, as well as expensive. I asked several office supply stores if they were interested in donating a cart for this worthy cause. They weren't.

So I tried the home improvement stores. By this time I was impatient, so I didn't even ask for a donation. I just bought one. The cart has six baskets in a metal, rolling frame. It cost \$100.00.

If you have never asked for donations before (I hadn't), here are some suggestions. First, decide what you want to do and what you need to do it. Describe, in writing, your goal, what your project is, and exactly what you need.

Then call the department of your organization that handles outside donations. It might be the Advancement or Development Department. Find out their procedure for getting donations. They can give your benefactors receipts for their donations, for tax purposes. At our hospital, we needed the following information to get a receipt: who the donation was from, what was donated, and the value of the donated items.

When calling stores, speak with the person in charge or the public relations department. If the store is part of a chain, call the main office number. Explain how your project will benefit both the community and the store.

Next came the fun part—stocking the cart! Since I already prepared a shopping list, this was easy. In an attempt to spread the scholarship money further, I told several area stores about the project and asked for donations. I told them it could be good publicity for the store, since many patients and families came from their area.

It worked! Blockbuster Video donated three comedies. Gags and Gifts, a novelty store, donated a rubber chicken, jumbo sunglasses and jumbo scissors. Many of the items for the cart were ordered from the Oriental Trading Company. To get a catalog call 1-800-228-2269. (I'm not getting any money for this plug, but perhaps they'd consider a donation . . .)

What could I possibly fill six drawers of a cart with?

Drawer 1: Play Doh (a great stress reliever when squeezed), rolls of smiley heart stickers (good for post-call interns), crossword puzzle books, videos and cassettes.

Drawer 2: fake poop in a specimen container (use your imagination on this one), playing cards, slide puzzles, and a Slinky.

Drawer 3: paddle balls, pinwheel head boppers (pinwheels attached to a headband make an interesting sight when transferring a patient out of the unit), and airplane gliders.

Drawer 4: plastic duckies (to float in bath basins for that home-like atmosphere).

Drawer 5: Props! Witch's hat (for one of those

days), jester apparel, Goofy hat, gold cardboard crowns and tinsel wands (perfect for a patient's birthday or special event), rubber chicken, and giant clown scissors and glasses.

Drawer 6: bubbles and back scratchers. Back scratchers can also be used on legs, feet, or toes of S/P angioplasty and cath patients who are not allowed to sit up or bend to scratch. On the top of the cart sits a giant Texas fly swatter (for big pests) and several funny books.

Since many of the patients in our Coronary Care Unit are on bedrest, I thought it would be amusing to hang posters on the ceilings. Unfortunately, the only way to do this was to stand on the bed on my tiptoes! FYI: this is done on an *empty* bed. I put magnets over the poster on the metal ceiling strips to prevent the wear and tear of tape on the poster paper. This concept had to be abandoned, because of the hazards involved. Hanging posters on the walls became the next focus. Corkboard strips were placed in each room. These could be used to hang the posters, but



Fall Precautions Spring Precautions

were usually filled with get well cards or pictures from kids and grandkids.

Let's talk money. The initial cost of stocking the cart, as well as several refills, came from the *JNJ* Humor Project Scholarship (a BIG thank you again!). We had management support (both financial and emotional) on the administrative level and the unit level. Ongoing replenishment for the cart will come from our unit's Pop Can Fund. In Michigan, there is a ten cent deposit on all pop cans. The cans are saved in our lounge, counted and turned in for the deposit money. This fund probably nets \$60.00 to \$80.00 per month. We drink a lot of pop!

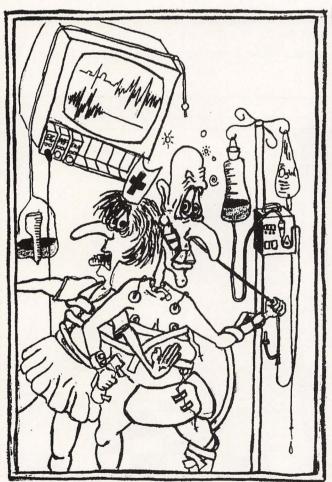
It is important to note that this cart is not only for patients. Nursing staff, physicians and visitors also use these items. In an upcoming issue of *JNJ*, I'll tell you how these different populations use the cart.

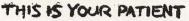
I would love to hear your ideas for humor carts

as well as how my suggestions might have helped others.

Patti Bihn, RN, BSN, CCRN CCU St. Joseph Mercy Hospital 5301 East Huron River Dr. Ann Arbor, MI 48106

Editor's Note: Each year the JNJ gives a grant to an organization or individual to start a humor project. This grant also includes admission to the annual Humor Skills for the Health Professional conference. Information about applying for this grant is included in our conference brochure. To be on our mailing list for this conference or for more information about the humor project grant, you can write us at JNJ, P.O. Box 40416, Mesa, AZ 85274, or call 602-835-6165.



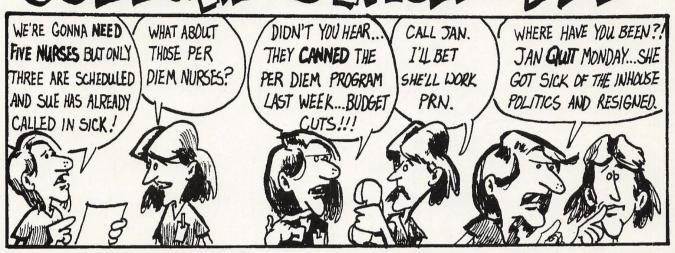




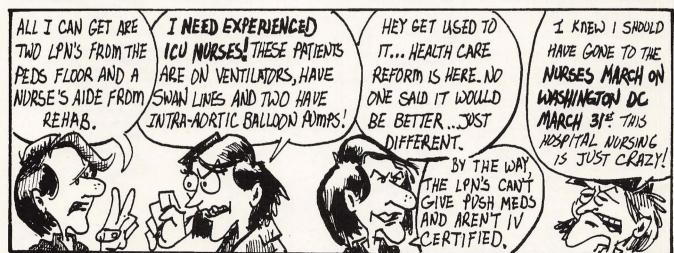
THIS IS YOUR PATIENTON ORUGS













Back Issues

Vol. 1, No. 1.-Spring 1991

OB: Progressing from Front to Back · Disease of the Month Club · Sadistics · How to be a Crack ICU Nurse · How to Read Nursing Employment Ads · Space Alien Abduction Disorder · Nurse's Car Shopping Guide · Emergence of the Male Crotch · Addendum to DSM III-R · Two page introductory Culture and Sensitivity. 44pp., \$4.50ppd. Soon to be a collectors item!

Vol. 1, No. 2.-Summer 1991

Whinorrhea · Real Reasons Nurses Call in Sick · Toxic Sock Syndrome · En-Clux Test-Bored State of Nursing Review · The Confusion-ometer · The Eastside Communique · Ninja School of Nursing · Communication Skills: Improving Guest/Pest Relations · Stories From the Floor · The Humor Basket · Today's Nursing Fashions.

44pp., \$4.50ppd.

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Wild Bill · Bob's Discount Hospital · Gauze · That was No Body, That was Grandma · You Know It's Going to be a L-o-o-o-ng Shift When . . . · Notice of Nursing Vacancy · Arrogant Physician Disorder · Fables from the Forties and Fifties- Peg Redecorates · Call Lites: The JNJ Joke Collection. 44pp., \$4.50ppd.

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The Bag·Intravenous Therapy-Earn CEUs·School Nurse·Horo-scopy: The Horoscope for Nurses·Beeper Toxicity· More How to Read Nursing Employment Ads· My Favorite Holiday· The Adventures of PMS: The PM Supervisor· The Eastside Communique· HumoRx - Review of C. W. Metcalf's works· Jest for the Health of It: Creating a Comedy Cart. 44pp., \$4.50ppd.

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Vol. 2, No. 2. -Summer 1992 - SOLD OUT

Vol. 2, No. 3. -Fall 1992

Cerebral Edema Type II · Intragalactic Traveling Nurses · Today's Nursing Fashions · A Portrait From Johnny Yuma · DSM-IV: A Preview for Nurses · Erik Erickson's Developmental Stages Applied to Nursing Research · Fool's Rules · Good Grief, Peg, Hold Him Down · A Tale of Two Friends: Kidd Knee and Cysto · The Olympic Athletes of Mill Town Memorial · How the Average Nurse Spends Leisure Time · Bedpan Blues · Stories From the Floor · Humor in the Hills, 44pp., \$4.50ppd.

Vol. 2, No. 4. -Winter 1992

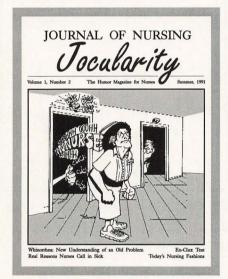
Cancer Prevention - A Female Perspective \cdot More How to Read Nursing Employment Ads \cdot New Gadgets for the 90's \cdot Laughing Sprites \cdot B.O.N.I. - Burnt Out Nursing Inventory \cdot Care of the Unconscious Patient \cdot Stethoscopes R Us \cdot More Real Reasons Nurses Call in Sick \cdot Forbidden Humor is Not Necessarily Negative Humor, by Dr. Christian Hagaseth III \cdot Critical Care Corner \cdot Send in the Clowns! Part I, 44pp., \$4.50ppd.

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Vol. 3, No.3.-Fall 1993

The Dogs and Cats of Healthcare \cdot Why? \cdot 12 Step Nursing School \cdot Faculty Beware \cdot So What Really Made You Become a Nurse? \cdot Three Cheers for the Health Care Team \cdot Are You Ready For The 90's \cdot Knight, Knight \cdot Nursing Lingo \cdot Out of My Class \cdot Jest For The Health of It! — Physician, Tickle Thy Comrade, 44pp., \$4.50ppd.

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A Visit From Saint Nicholas \cdot Save That IV \cdot Bits, Bytes and Caffeine \cdot Combating Inspection Anxiety \cdot Rules of ER Etiquette for Patients and Visitors \cdot Nursing Questions That Can't Be Answered \cdot Immediate Nursing Action \cdot Psychiatric Nurses' Network Admission Exam \cdot Horoscope for Nurses \cdot The Nursing Channel \cdot Choosing to be Amusing, 48pp., \$4.50ppd.

Vol. 5, No. 1.-Spring 1995

So You Want to Be A Nurse Executive · Ode to Swan Ganz · Maimography: The Pancake Pose · You Know It's Gonna Be A Bad Day When... · Seven Theses for Reform · Images of the Perfect Nurse · Mental Health Days · Healthcare Movie Ratings · Code Brown: Are Your Prepared? · Laugh and Learn: Humor in Nursing Education, 48pp., \$4.50ppd.

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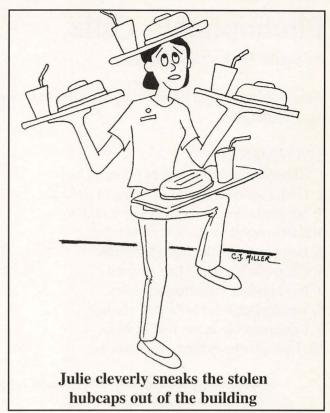


Runner-up captions

Nancy Nurse: Visualizing Whirled Peas.
Anne Jones, RN
Encino, CA

Nursing - A science; An art; A circus act.
Lisa Ledwell
Fredrick, MD 21701

Honorable Mention
Rosemary was getting tired of covering for her co-workers during their frequent smoke breaks.
Suzanne Ronald and David Dwornick
Detroit, MI



Winning caption by John Kinde Santa Maria, CA

This cartoon needs a punchline. The Journal of Nursing Jocularity will award \$25 and a JNJ T-shirt for the best caption. Two runners-up will receive a JNJ T-shirt. Send entries on a postcard to: JNJ - Punchline, P.O. Box 40416, Mesa, AZ 85274. Entries must be received by June 30, 1995.



Phobophobia Quiz

By Sandie Molloy, RN, MSN

Please answer true or false to the following statements about phobias. Unless, you have kakorraphiaphobia (fear of failure).

STATEMENTS

- 1. Clinophobia is the fear of going to bed.
- 2. Domatophobia is fear of being in a dome.
- 3. Scopophobia is fear of being stared at.
- 4. Bathophobia is the fear of bathing.
- 5. Barophobia is the fear of taverns.
- 6. Cherophobia is the fear of gaiety.
- 7. Nosophobia is the fear of noses.
- 8. Vestiophobia is the fear of clothes.
- 9. Belanophobia is the fear of bells.
- 10. Logophobia is the fear of words.

10. True. However, if you can remember the meaning of these phobias, you shouldn't have Logophobia.

9. False, it is the fear of sharp objects, such as needles.

8. True, it is the fear of clothing.

7. False, it is not the fear of noses, it is the fear of illness.

6. True, it does mean fear of cheer!

to make the word "barometer."

5. False, it is the fear of gravity. The prefix "baro-" means weight or pressure and can be combined with "-meter"

4. False, unless you have a very deep tub, because "bathophobia" means the fear of depths.

3. True, it's the tear of being "scoped" or looked at.

2. False, unless the dome is a house, since domatophobia means fear of houses.

1. True, to help you remember this you might think of clinophobia as the fear of reclining.

VIZENS

Anatomically Incorrect

Bina Goodman Simon, RN, C, BSN

Can you rearrange the following nonsense to discover some human body parts? Most of these are terms we use and hear every day at work. All answers are only one word. Example: Rx: vice = cervix. Solutions on page 42.

- 1. RN edited
- 5. Inca rum

9. Oh dirty!

- 2. P.S. Hal—'ya mouth!
- 6. I mule

10. Race on

3. Rye tar

7. Mia rut!

11. I air putty

4. Tall Pete

8. Pet a clan

12. Tie sent in

Q	R	R	0	L	E	M	A	P	F	N	0	0	P
T	E	Z	R	I	T	В	L	Y	N	A	P	R	0
Р	S	N	A	I	R	C	M	A	0	V	0	Z	R
F	T	G	P	N	P			M		Z	D	0	F
A	0	H	V			Q			A		Z		S
R	R	K	M	D	E		T		A		M	0	\mathbf{T}
Р	I	D	E	N			A					F	0
A	L	E	I	M		Р		Q		\mathbf{T}			F
X	В	S	I				G				H	L	R
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A	Z	I	R	E	В					V	M	U	L
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0	T	E	R	В	T	U	L	E		U			V
S	T	U	P	A				T			Q	F	I
S	G	F	L	I	R			L		M	U		V

Psych Med Wordfind By Andrea H. Sangrik, RN, BSNA

Included herein are 30 commonly prescribed psychotropic medications. See how many you can find! Remember that words can be found horizontally, vertically and diagonally, and can be spelled forward or backward. Good luck! The solution is on page 42.

NVMY

Ambien
Asendin
Ativan
Centrax
Dalmane
Desyrel
Halcion
Haldol

PW

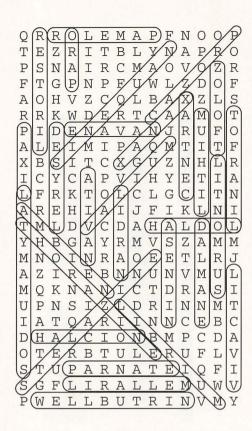
E

Librium Lithium Mellaril Nardil Navane Orap Pamelor Parnate

LLBUTRI

Paxil
Prozac
Restoril
Sinequan
Sodium Amytal
Stelazine
Surmontil
Thorazine

Tofranil Valium Vivactil Wellbutrin Xanax Zoloft



Anatomically Incorrect Solutions

- 1. dendrite
- 2. hypothalamus
- 3. artery
- 4. platelet
- 5. cranium
- 6. ileum
- 7. atrium
- 8. placenta
- 9. thyroid
- 10. cornea
- 11. pituitary
- 12. intestine

NEXT ISSUE

Out in the Code? By Mark Darby, RN. Psych nursing has its own special kind of code.

Drug Seekers: What We Can Teach Them By Stephen W. Speaker, RN. They have so much to learn!

Oh Well By Janet Rosen, RN, BSN, PHN describes updates in your health insurance coverage.

Grandma Wears Combat Boots By Teri Webb, RN, BSN, USAF, NC. Combat boots and a nurse's uniform that is.

IV Starts By Pauline Donnelly, RN, BSN. Starting an IV can be traumatic for the nurse, too.

Step CPR By Carol Cramer, RN What happens when you can't stop thinking about work. . . even when you're exercising?

The New Guide to ECG Monitoring, Part II By Bina Goodman Simon, RN, C, BSN. More research findings on ECG interpretation.

You Might Be A Gomer If . . . By Mark Winkelman, RN and friends. Would you know it if you were a gomer?

Hospitals: What's In A Name? By Larry Marlin, RN. Have you ever really thought about what your hospital is called?

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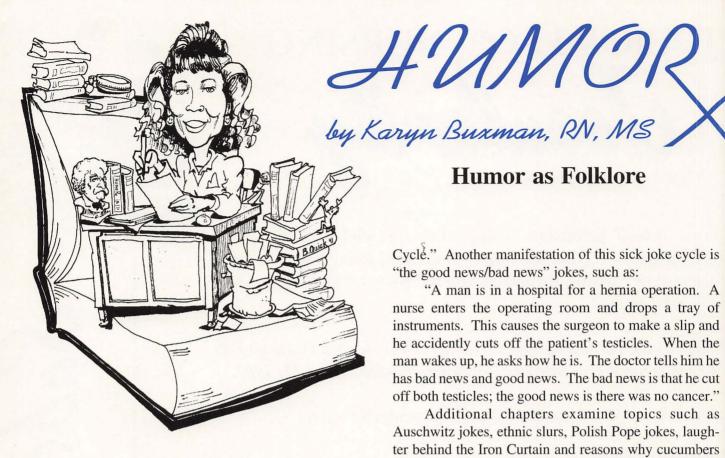
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In this issue I'd like to share with you the works of Alan Dundes. He's a professor of Anthropology and Folklore at the University of California, Berkeley, who received his PhD from Indiana University. There he discovered that jokes were a standard folklore genre and that it was perfectly all right to investigate them. Cracking Jokes: Studies of Sick Humor Cycles and Stereotypes was published in 1987 by Ten Speed Press (P.O. Box 7123, Berkeley, CA 94707, paperback, 198 pages, \$9.95). Here Dundes explores the world of sick humor.

"As a folklorist, I have come to believe that no piece of folklore continues to be transmitted unless it means something—even if neither the speaker nor the audience can articulate what that meaning might be. In fact, it usually is essential that the joke's meaning not be crystal clear. If people knew what they were communicating when they told jokes, the jokes would cease to be effective as socially sanctioned outlets for expressing taboo ideas and subjects. Where there is anxiety, there will be jokes to express that anxiety." (Cracking Jokes, p. vii).

Dundes' purpose in folklore in general and in jokelore in particular is to analyze and interpret the material. You may or may not agree with the interpretation of the jokes presented. What matters is that the reader think about the possible meanings of these and other jokes.

The first section of this book looks at sick humor cycles. One chapter explores "The Dead Baby Joke **Humor** as Folklore

Cycle." Another manifestation of this sick joke cycle is "the good news/bad news" jokes, such as:

"A man is in a hospital for a hernia operation. A nurse enters the operating room and drops a tray of instruments. This causes the surgeon to make a slip and he accidently cuts off the patient's testicles. When the man wakes up, he asks how he is. The doctor tells him he has bad news and good news. The bad news is that he cut off both testicles; the good news is there was no cancer."

Additional chapters examine topics such as Auschwitz jokes, ethnic slurs, Polish Pope jokes, laughter behind the Iron Curtain and reasons why cucumbers are better than men (a cucumber never forgets to flush the toilet; cucumbers don't tell you they like you better with long hair).

Many of the jokes are offensive. Dundes is not attempting to entertain, but to enlighten us to the nature of these jokes. In addition to his commentary on each chapter, Dundes supplies an extensive bibliography for further reading that I found to be quite helpful.

Dundes collaborated with Carl Pagter in a series of books investigating humor folklore. Pagter is counsel and consultant for a large corporation in California. Their first book, Work Hard and You Shall Be Rewarded: Urban Folklore from the Paperwork Empire, which was originally published in 1975 by American Folklore Society, is now published by Wayne State University Press (1993, paperback, 223 pages, \$14.95).

Folklore has traditionally meant only spoken and sung materials orally transmitted. Dundes and Pagter disagree with this criterion. Nearly all the materials in their book are transmitted by other than oral means, such as hand copying, typewriting and photocopying. It took the authors nearly ten years to assemble what they believe to be a representative sampling of these long neglected forms of folklore. Folklore in the modern world includes urban folklore from the paperwork empire.

Sample chapters include traditional letters ("Dear Friend, This chain letter was started by a man like

yourself in the hope that it will bring relief to tired businessmen. This does not cost you anything. Kindly send a copy of this letter to five of your friends who seem equally tired and discouraged. Bundle up your wife and send her to the man whose name appears at the top of the list . . . "), definitions and principles ("Murphy's Laws: left to themselves, things always go from bad to worse; if everything seems to be going well, you have obviously overlooked something"), novel notices and memorable memos ("The new sick leave policy: sickness—no excuse . . . we will no longer accept your doctor's statement as proof, as we feel that if you're able to go to the doctor, you're able to come to work . . . "); applications and tests (from applications for welfare: "My husband got his project cut off 1 week ago and I haven't had any relief since,"); folk cartoons and drawings; the extended double entendre ("Confucius say: modern house without toilet uncanny"); and conclusions.

When You're Up to Your Ass in Alligators: More Urban Folklore from the Paperwork Empire (Wayne State University Press, 1987, paperback, 272 pages, \$15.95) is the second effort by Dundes and Pagter. The items included were taken from nearly five hundred distinct folklore traditions circulating in the United States. Criteria of items included in this book are multiple existence, variation and transmission by way of the office copier.

The eight divisions of the volume do not represent any hard and fast categories. They group materials as definitions and word play; business cards; greeting cards and letters; notices, mottoes and awards; instructions and tests; cartoons and drawings; double entendres and parodies.

Dundes and Paget, as folklorists, believe that the material included in this book reflects major concerns in American values. They represent an almost unexplored area in symbolic communication and humor. The authors

identified some recurrent themes in the collection: the emphasis on sexuality, the battle of the sexes, the unending struggle against bureaucracy, the concern with ethnicity, the anxieties produced by the demands of the success ethic and the escape into parody.

Never Try to Teach a Pig to Sing: Still More Urban Folklore From the Paperwork Empire (Wayne State University Press, 1991, paperback, 435 pages, \$16.95) is still another work by Dundes and Pagter. They have collected more than two hundred and

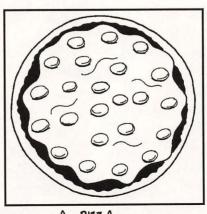
fifty "signs of the times"—office memoranda, parodies, cartoons, and poems that daily make their way through copy machines, fax machines and interoffice mail.

The book is divided into seven sections, each featuring humorous commentaries on the issues and problems facing the modern world: diet crazes, computer breakdowns, unreasonable bosses, unmitigated male chauvinism, fanatic feminism and international terrorism.

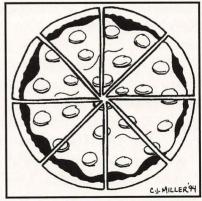
Chapter One, "A Word to the Wise," provides would-be explanations of words, phrases, and terminology. "Signs of the Times" comments on the contemporary office. "When Things Go Wrong" continues the theme of office life, highlighting disasters in the workplace. "From Bad to Verse" samples the folk poetry in circulation. Chapter Five, "Different Strokes for Different Folks," focuses on group and individual differences. "Quick on the Draw" contains folk cartoons, and the final chapter, "The Battle of the Sexes," deals with gender stereotypes.

Some may find the materials offensive and question the point of their publication. However, the materials exist whether we like them or not. "The data we are presenting should interest any student of twentieth-century American society . . . No one concerned with American humor or American national character should ignore the unique self-portrait of a people drawn from the urban folklore of the paperwork empire" (When Your Up to Your Ass In Alligators, page 18).

For Dundes' book, Cracking Jokes, check your local bookstore or write Ten-Speed Press. If you have difficulty locating the books by Dundes and Pagter you may contact Ann Schwartz, Marketing Manager, Wayne State University Press, The Leonard N. Simmons Building, 5959 Woodward Ave., Detroit MI 48202 or call 313/ 577-4603. Tune in next issue where we'll bring you more on resource materials for your humor learning and pleasure. Until then, I remain . . . Yours in laughter! Karyn







PIZZA IN UNIT DOSES.

JEST for the HEALTH of IT!

by Patty Wooten, BSN, CCRN, a.k.a "Nancy Nurse"

Finding Comedy in Chaos

If you talk the talk, can you also walk the walk?

At the recent annual conference of the American Association for Therapeutic Humor (AATH) we saw that some people can. Over eighty health professionals attended the conference's Sunday afternoon closing session. Speaker Kathy Passanisi was teaching us how to use humor to enhance our presentation skills. Kathy had her audience of clinical psychologists, nurses, physicians, social workers, occupational therapists and teachers learning and laughing.

Suddenly, in the back of the room, a participant

stood, then fell to the floor with a grand mal seizure. Three nurses ran to her side to help. Others gathered about in shock. Kay Caskey, LCSW from Decatur, Michigan was cyanotic, convulsing and bleeding profusely from a cut on her chin. Denise Driscoll (AATH member), Karyn Buxman (editor of the AATH newsletter) and I (vice president of AATH) began emergency care, established.

AATH) began emergency care, established an airway and monitored pulse and respiration. Clinical psychologist Ed Dunkleblau (education chairperson for AATH) comforted Lauria Young, who had, together with Kay, taught a "Therapeutic Juggling" workshop only the day before. Hos-

pital administrator, Bruce Strombach (president of AATH) sent a participant to call 911 while he looked for a room to relocate the meeting. In the excitement and chaos Kathy asked the concerned onlookers to move to the front of the room, since sufficient help was provided. Soon, Bruce returned with the room change announcement and the lecture was resumed a few minutes later.

Kathy then beautifully demonstrated the art of creating spontaneous humor. She found some comedy in this chaos and relieved the anxiety and tension of the group. First, she acknowledged the group's concern, reassuring them that appropriate care was

provided and an ambulance was called.

Then she created a bit of humor to help the audience relax and find perspective.

"It's lucky we have such competent nurses who know precisely how to handle such an emergency.

If I was back there managing things with my training as a physical therapist, I'd be yelling for an ace bandage. You social workers would probably want to start filling out referrals for community services. And as for you psychologists, I really don't think she needs any counseling right now."

What a magnificent example of grace under pressure. The audience laughed, appreciating the release of ten-

sion that only humor and laughter can provide. They were assured that action had been taken, and then provided with a detached perspective through the use of humor. This helped them to separate from the drama and protected them from continued uncomfortable emotions.

Meanwhile, in the other room, the nurses stabilized Kay's condition until the ambulance arrived. It took her to Northwestern Memorial, a large teaching hospital in downtown Chicago. There Kay recovered and received a complete neurological workup with a dose of therapeutic humor.

Laura accompanied Kay in the ambulance. Denise and I followed in a taxi. While Denise comforted Laura, I provided a detailed clinical description of the seizure activity along with cardiac and respiratory assessments. You see, I've had three years of experience as a neuro intensive care nurse, so I could certainly talk the talk, because I had already walked the walk.

The doctor was impressed. That morning I had considered wearing my *Nancy Nurse* clown costume to that day's workshops. Had that been the case, I would have attended to Kay and arrived in the ER in my clown-suit. I'll always wonder about the response I would have received.

Even without the clown suit, I wish I'd have been able to access my playful self, and shown the doctor a photo of *Nancy Nurse*, to prove the validity of my nursing observations and skills. Perhaps we could have shared a laugh and experienced a respite from the drama of the our situation.

Dr. David Zull, a certified emergency medicine physician, then began a very thorough plan of care. It was a joy to witness excellent medical care delivered with kindness and compassion. Working with senior medical student Aseem Desai, they ordered diagnostic tests and sutured Kay's chin laceration.

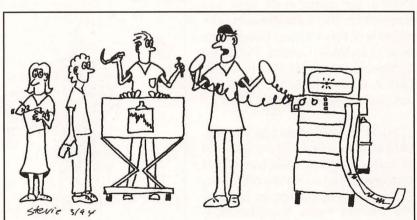
During the long wait for tests and treatment to begin, Laura and I visited with Kay. Soon we were all laughing and experiencing a wonderful release of tension. Kay was concerned about

how she was to perform a juggling show the next week with stitches on her chin. I suggested that she just get a Barney Band-Aid and work it into her routine. She liked the idea and laughed.

As we discussed how the seizure had started in the middle of Kathy's lecture, she realized that she'd missed the rest of the presentation. Kay then asked me how the rest of the talk went. I said, "Well, I didn't catch a lot of it because I was a bit distracted by trying to maintain your airway and prevent you from aspirating blood." She saw the absurdity of her question and laughed. Her response assured me of her capacity for abstract cognitive processing. Humor provided a neurological assessment tool.

Our ability to find comedy in a crisis has therapeutic benefits. An educator can gain control in the classroom and help the students release the tension that blocks learning. For a health professional, humor can provide a whimsical solution to minor concerns of the patient. Cerebral function can be assessed by the ability to appreciate the abstract quality of humor. And by seeing the absurdity of alternative solutions to the crisis, we can eliminate some of the doubt we may feel about our choice of action.

The American Association for Therapeutic Humor is dedicated to the exploration and application of humor as a therapeutic tool. This year's annual conference in Chicago has proven that the AATH members can not only *talk the talk* about humor in the conference, but they also *walk the walk* and use it therapeutically.



Well, he didn't make it . . . a blasted shame . . . Oh hey, but as long as I have these out, does anyone need anything ironed?

Bubbly- graphy and other humor resources

Bubbly-ography is a free service provided by the JNJ for writers, artists and organizations that help make the world a happier place. If you have suggestions for this column, send them to JNJ Bubbly-ography Dept., P.O. Box 40416, Mesa, AZ 85274.

Humorous Books & Magazines

Change Your Life With Humor: Create a Happier, Healthier and Funnier You! by Dr. Lorrie Boyd, Lola Gillebaard, Stewart and Jeanne Lerner. This book will show you how to: Sharpen your funnybone; cope with stress, adversity & loss; "lighten up" & "open up" at work and at home; and enhance relationships with family, friends & co-workers. Send \$14.95 + \$2 S&H to: Stewart Lerner, 839 E. Davidson Ct., Brea, CA 92621.

Gordon's Guide to the Surgical Morbidity and Mortality Conference by Leo A. Gordon, MD. Ever been to a Morbidity and Mortality conference? Did you see humor in it? Well, Leo Gordon did. This humorous and helpful book of tips tells you how to succeed at an M&M meeting. Published by Mosby, 11830 Westline Industrial Dr., St. Louis, MO 63146. You can ask your local bookstore to order it.

Kitty Libber: Cat Cartoons by Women. Women cartoonists explore the world of cats in a new collection of cat cartoons edited by Rosalind Warren. 120 cartoons by 52 women cartoonists address topics from the mundane to the surreal. Not just for cat lovers, this funny book is equally as amusing to those who find felines

less than perfect. \$8.95 from Roz Warren, P.O. Box 259, Bala Cynwyd, PA 17004

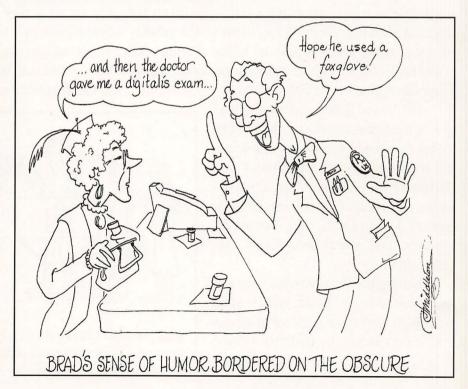
Medicalese: A Humorous Medical Dictionary by Peter Meyer, MD and illustrated by Steve Likens fills the prescription of Laughter as the Best Medicine. If you need relief from those Pluto (night) shift blues or if crocks, codes, administrators & gomers have gotten you down...take a dose of Medicalese. \$9.95+1.50 S&H (NC residents add \$.60 tax). Avian-Cetacean Press, PO Box 4532, Willmington, NC 28406.

Rags to Bitches is a new comedy magazine for women who "wish that Lorena Bobbitt could be left in a room alone with Rush Limbaugh for about ten minutes..." Each issue of this no

frills "rag" will contain 10-12 pages of hilarious stuff with no glitz, glamour, or pictures of bone thin models who don't want you to hate them because they're "beautiful." Rate: \$12/year. Send to: 3247 Crocker Rd, Eugene, OR 97404.

Humor Research Books & Articles

Lighten Up-Survival Skills for People Under Pressure by C.W. Metcalf and Roma Felible. A delightful book that shows you how to be more relaxed and resilient, productive and creative, in a world that doesn't necessarily want to cooperate. \$19.95. Available in bookstores or from C.W. Metcalf & Co., 2801 S. remington, Ste 2, Ft. Collins, CO 80525 or call 800-LITENUP.



Therapeutic Humor Newsletters

The Steve Wilson Report-Applying Psychology and Humor to Life and Work. This delightfully informative newsletter is published quarterly by Psychologist Steve Wilson, author of the wonderful book, "Eat Dessert First." For information about the newsletter or the book, write to: The Steve Wilson Report, 344 S. Menkle Road, Bexley, OH 43209-1820.

Humor & Health Letter is a bimonthly publication dedicated to humor and communicating its relationships with medicine, psychology, human resource development, communication, and the social and behavioral sciences. For information write: HHL. POB 16814, Jackson, MS 39236-6814; or phone (601) 957-0075.

Gags, Gifts, Toys, & Miscellaneous

Oriental Trading Co. Inc. Tons of nifty gifts, toys, stationery and otherwise fun stuff. Cheap prices, and discounts for quantities. A must for parties and carnivals. To request a catalog call 1-800-327-9678.

"You Need A NURSE To Save Your Life!!" Pin distributed by Gayle Lamey, LW, WM, DGF (Loving Wife, Wonderful Mother & Darn Good Friend). It's a You Need A heart-shaped gold-NURSE toned pin that can at-To Save tach to your uniform or your ID badge. \$5 plus

\$.30 postage per pin dered. Send check to: Gayle Lamey, 805 Valley Vista Dr., Benton, AR 72015.

Therapeutic Humor Organizations

International Society for Humor Studies. An organization for the serious study of humor. Members receive the I.S.H.S. newsletter, HUMOR: International Journal of Humor Research, and many more privileges. For info write to: Don L. F. Nilsen, I.S.H.S. Executive Secretary, English Dept, Arizona State University, Tempe, AZ 85287-0302.

Audio & Video Tapes,

Healthy Humor - Learn the therapeutic medical and emotional benefits from humor and earn 3 contact hours. Incorporate humor development techniques at all stages of life. You need not be a comedian to combine humor and health care. This book is available as workbook, audio & video cassettes. For information contact Morton Plant Health Ventures, 430 Park Place Blvd, #100, Clearwater, FL 34619, 813-797-6444.

Wit Happens! Managing Conflict with Humor by Karyn Buxman. Discover how to deal with hostile questions. defuse potentially explosive situations, and improve team spirit-with HUMOR. 1'20" video tape of a live performance at the Disneyland Hotel. (39.95 + \$5 S&H). Send Check or M.O. to HUMORx, PO Box 1273, Hannibal, MO 63401-1273. Credit Card Orders: 800-848-6679.

When you write to these organizations, don't forget to mention the Journal of Nursing Jocularity.

Is your hospital or organization looking for a speaker for their next conference or workshop?

The Journal of Nursing Jocularity's Speakers Bureau can help you find a speaker within your budget who can talk on humor, stress, positive attitude or a similar subject. This is a free referral service.

You may reach the Journal of Nursing Jocularity's **Speakers Bureau at 602-835-6165.**

If you are a speaker on the therapeutic use of humor or related subjects and would like to be listed in our Speakers Bureau, please contact us for more information.

Writers and Artists Needed

Are your stories or artwork as funny or funnier than you've seen here? Then what are you waiting for? Send a 9 x 12 self addressed envelope with

52¢ postage to:

JNJ Contributors Info P.O. Box 40416 Mesa, Arizona 85274

We will send you complete guidelines for submitting material.

